Evidence for change in birth date is on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 121 JUL 12 1949 FOR MEDICAL EXAMINERS

05427

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 41 Kinship Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 41 Kinship Rd.

3. NAME OF DECEASED (Type or Print) (First) Emory (Middle) Rodney (Last) Allen
4. DATE OF DEATH (Month) June (Day) 30 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) married
8. DATE OF BIRTH Aug. 24, ~~1895~~ 1894
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel
11. BIRTHPLACE (State or foreign country) North Brand, Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harry P. Allen
14. MOTHER'S MAIDEN NAME Fannie May Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Lydia H. Allen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suicide by Gun shot wound

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) in anterior portion of neck

(c)

976

164e

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Depression -

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Dundalk - (COUNTY) Dacor (STATE) Md
TIME OF INJURY (Month) 6 (Day) 30 (Year) 49 (Hour) 10 40 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot Self - neck -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD (Degree or title) Dep. Med Exam. ADDRESS Dundalk - Md DATE SIGNED 30 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 2, 1949
NAME OF CEMETERY OR CREMATORY Ward's Chapel Cemetery
LOCATION (City, town, or county) Holbrook, (State) Md
DATE REC'D BY LOCAL REG. 7/1/49
REGISTRAR'S SIGNATURE A. W. Hesrich
24. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS Dundalk Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

05428

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard
LENGTH OF STAY (in this place) 2 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 573 Oxford St.,

3. NAME OF DECEASED (Type or Print) (First) ALONZO (Middle) (Last) ASHBY
4. DATE OF DEATH (Month) June (Day) 30, (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1-8-1889
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevedore
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cape Charles, Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Ashby
14. MOTHER'S MAIDEN NAME Margaret Fricker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 215-07-5603
17. INFORMANT Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) INTESTINAL OBSTRUCTION	24 hours
570.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intestinal Adhesions	3 mos.
122 b	(c) Gastro-enterostomy	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4-15-49
19b. MAJOR FINDINGS OF OPERATION Chronic Inflammation of the Gastrocolic Ligament
20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. M. Carmine M.D. (Degree or title) Deputy Medical Examiner Balto Co. Dundalk 22 Md. ADDRESS DATE SIGNED 6/30/49

23. BURIAL, CREMATION REMOVAL (Specify) ~~XXXXX~~
DATE THEREOF June 6 1949
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) Baltimore, Md. (State)
DATE REC'D BY LOCAL REG. 7-5-49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR A. Halstead Funeral Home ADDRESS 918 Druid Hill Av Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05429

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 10 yr 10 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 10 Lounds ave

3. NAME OF DECEASED (Type or Print) (First) Morrien (Middle) Dane (Last) Babylon
4. DATE OF DEATH (Month) June (Day) 25 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-22-1873
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Babylon
14. MOTHER'S MAIDEN NAME Julie Boose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.7 Immediate cause (a) Pneumonia

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

(c) fracture left femur

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY hospital (CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) md
TIME OF INJURY (Month) April (Day) 25 (Year) 49 (Hour) 11-30 a m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Slipped on sun pond & fell

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo S McKinsey Sr Mdl Dep Med Exam Balto Co ADDRESS 1010 Leeds ave DATE SIGNED June 25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 27-49
NAME OF CEMETERY OR CREMATORY Krider's Cemetery
LOCATION (City, town, or county) Carroll Co. (State)
DATE REC'D BY LOCAL REG. 6/26/49
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR H. Bankard Son Westminster ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05430

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glaceland Pk. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural give location) 1701 Snyder ave

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) (Last) Baker
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: aug. 26-1888
9. AGE last birthday: 60 yrs. | If under 1 year: Months 10 | Days — | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Floorlady
10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Bierman
14. MOTHER'S MAIDEN NAME: Peters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-07-9454
17. INFORMANT: arther Baker 6818 Holabird ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) CORONARY THROMBOSIS — Interval between onset and death: 1 WEEK

932 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC C.V. DIS. — 1 1/RS.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 1949, to June 26, 1949, that I last saw the deceased alive on June 26, 1949, and that death occurred at 8:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Stephen C. Mockowiak M.D. | 6714 Holabird Ave | 6/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 30-1949 | NAME OF CEMETERY OR CREMATORY: Oak Lawn | LOCATION (City, town, or county) (State): Balto Co. Md.

DATE REC'D BY LOCAL REG.: 6/28/49 | REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR | ADDRESS: Wm. J. Fialkowski 2007 Eastern ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05431

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore – 19 – MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; LENGTH OF STAY (in this place) 1 week.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 Shore Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE as COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN as; STREET ADDRESS (If rural give location) #1

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) SOPHIA (Last) BARTH.

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9/14/187[illegible]

9. AGE last birthday: [illegible] yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN COOKSEY

14. MOTHER'S MAIDEN NAME: UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MARION FACKETT.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE MYOCARDIAL FAILURE	1/2 hour.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CHRONIC SENILE MYOCARDITIS.	5 years.
	(c) DIABETES MELLITUS.	8 years.

260 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: LOSS OF BOTH LOWER EXTREMITIES-GANGRENE 2 years ago

19a. DATE OF OPERATION: 1947 & 1948. 19b. MAJOR FINDINGS OF OPERATION: DIABETIC GANGRENE 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 27, 1949, to JUNE 27, 1949, that I last saw the deceased alive on JUNE 27, 1949, and that death occurred at 11 15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis N. Tollin. M.D. 6906 North Point Rd Baltimore-19-Md. 6/27/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 7/1/49 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 6/29/49 REGISTRAR'S SIGNATURE A. W. Hedrich FUNERAL DIRECTOR Philip Henry Sons ADDRESS 2029 Eastern

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05432

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 N. Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 204 N. Rolling Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	C.	Beefelt	June	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	Widower	Dec. 23, 1871	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dairy business	Dairy	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Beefelt	Rose Shankel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Mrs. Rose Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	6 days
422.1 Antecedent cause(s)	(b) Arteriosclerotic cardiovascular disease	Unknown
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis generalized	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June 4, 1949, to June 9, 1949, that I last saw the deceased alive on June 8, 1949, and that death occurred at 7 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stephen Lee Magness MD	Catonsville 28 Md	6-10-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-13-49	Lorraine Cem.	Woodlawn Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/10/49	V. E. Harry	Geo. A. Farley	Catonsville, Md.

RECEIVED
JUN 13 1949
BUREAU V. S.

CERTIFICATE OF DEATH

BIRTH NO. [illegible] Registered No. 44

1. NAME OF DECEASED (Type or Print): Charles J. Benda

2. DATE OF DEATH: June 22, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bethlehem Steel Dispensary Sparrows Point
C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 519 N. East Ave. ✓

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 27 1903
9. AGE (In years last birthday): 46
If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Holder On
10B. KIND OF BUSINESS OR INDUSTRY: Beth Stell Co
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Benda
14. MOTHER'S MAIDEN NAME: Mary Korbe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: 213-07-4326
17. INFORMANT: Etta Daisy Benda ADDRESS: 519 N. East Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

(B) Aortic Stenosis

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X] accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE: Carl L. Royer M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: June 22, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: June 24-49
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Eastern Ave Road Md.

DATE RECEIVED BY LOCAL REGISTRAR: 6/23/49
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Duffil Bros. ADDRESS: 1800 E Lombard St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05434

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosenhans | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 16 Box 134

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Route 16 Box 134

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) J. (Last) Betz

4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 14-1884

9. AGE last birthday: 64 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Chem. Brewery

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Betz

14. MOTHER'S MAIDEN NAME: Margaret Muller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-01-4413

17. INFORMANT: Mrs. Margaret Betz.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) arterio sclerotic cardio-vascular renal disease — Interval Between Onset and Death: 7 yrs.

Antecedent cause(s)

1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: no

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1st, 1949, to June 1st, 1949, that I last saw the deceased alive on June 1st, 1949, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James F. White M.D. | ADDRESS 433 Eastern Ave. Baltimore 21, Md. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 6-4-49 | NAME OF CEMETERY OR CREMATORY Oak Lawn | LOCATION (City, town, or county) Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. 6/3/49 | REGISTRAR'S SIGNATURE Henry Russe

24. FUNERAL DIRECTOR ADDRESS John J. Connelly - 48 Eastern Ave Balto 21 Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05435

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon — LENGTH OF STAY (in this place): 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wight Ave. & Dower Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
STREET ADDRESS (If rural, give location): Wight Ave. + Dower Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARVEY	W.	BIEHL	June	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	May 3 1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired janitor	Telephone Co.	Maryland	U.S.A.

13. FATHER'S NAME: George A. Biehl
14. MOTHER'S MAIDEN NAME: Penelope Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT: M. E. Hammond

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
334 Immediate cause (a) Arteriosclerotic Cerebral Vascular Disease	5 min.
131 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chr Nephritis; Chr Myocarditis	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Not	None	None.		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None. m.		None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples	Med. Exam M.D.	Reisterstown, Md.	6/26/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 27 '49	Lorraine	Balto.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-25-49	Mary B. Eline.	Wm. Berryman & Son	Reisterstown

RECEIVED
JUN 29 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05436

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md | LENGTH OF STAY (In this place) 1yr 4mos 25d
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore city COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) N. BROADWAY

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Edward	Biglen	6	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Separated	11/22/98	50 yrs.	5	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hospital employee	None	Pennsylvania	USA.

13. FATHER'S NAME John Biglen
14. MOTHER'S MAIDEN NAME Anna HUTMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	210-05-0879	WILLIAM J. BIGLEN 932 QUANTRIL WAY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	5 hrs.
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10/49 2:30PM, 19....., to 6/10/49 7:30PM., 19....., that I last saw the deceased alive on 6/10/49, 19....., and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. S. Buckler	M.D.	Owings Mills, Md	6/10/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	6-13-49.	RICHLAND CEMETERY	WINDBER, PA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 11. 1949	R. W.	CHARLES S. ZEILER	901 S. CONKLING ST BALTO. 24, MD

05437

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 1409 FORGE AVENUE

3. NAME OF DECEASED (Type or Print) (First) ERNEST (Middle) ALBERT (Last) BRADFORD SR.
4. DATE OF DEATH (Month) JUNE (Day) 27 (Year) 1949
5. SEX M
6. COLOR OR RACE Wh.
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH APR. 11-1904
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR
10b. KIND OF BUSINESS OR INDUSTRY EXPRESS
11. BIRTHPLACE (State or foreign country) BALTIMORE MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME EUGENE BRADFORD
14. MOTHER'S MAIDEN NAME BERTHA PRICE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-05-5716
17. INFORMANT CHARLES A. BRADFORD SON

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No H

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said ~~Autopsy, Inspection or~~ Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, ~~accident ☐, suicide ☐, homicide ☐, undetermined ☐.~~*

SIGNATURE M B Davis MD (Degree or title) Dep Med. Exam ADDRESS Dundalk-22-Md DATE SIGNED 6/27/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE THEREOF 6-30-49 NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL PARK LOCATION (City, town, or county) (State) BALTIMORE, MD.

DATE REC'D BY LOCAL REG. 6/28/49 REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Raymond C. Fink ADDRESS 3603 Belair Road (13)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

05438

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 Clarendon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 111 Clarendon Ave.

3. NAME OF DECEASED (Type or Print) (First) Millard (Middle) S. (Last) Braun
4. DATE OF DEATH (Month) June (Day) 23 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 19, 1903
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler
10b. KIND OF BUSINESS OR INDUSTRY Jewelry
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Samuel Braun
14. MOTHER'S MAIDEN NAME Bertha Stumer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. None
17. INFORMANT Mrs. Millard Braun

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Suicide-took Sodium Seconal & Presidon	2hrs. est.
970.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Depressed neurotic	5 yrs.
163.9	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Artery Disease — 2 yrs.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None
(CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples Deputy Med Exam. (Degree or title) M.D. ADDRESS Reisterstown, Md. DATE SIGNED 6-23-'49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 6/24/49 NAME OF CEMETERY OR CREMATORY Balto Hebrew Cemetery LOCATION (City, town, or county) Belair Rd (State) Md

DATE REC'D BY LOCAL REG. 6/24/49 REGISTRAR'S SIGNATURE D. W. Hedrick Dm 24. FUNERAL DIRECTOR David Sondheim & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

05439

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 238

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: North Carolina COUNTY: Catawba
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RURAL: Towson — LENGTH OF STAY (in this place): Since May 2, 1949	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catawba.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson, 4, Md.	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Laura Octa (Middle) Jane Bridges (Last)			4. DATE OF DEATH (Month) June (Day) 5 (Year) 1949		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Dec. 23, 1861	9. AGE last birthday: 87 yrs.	If under 1 year: Months 5, Days 12; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Catawba County, N. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James S. Bridges			14. MOTHER'S MAIDEN NAME: Sarah Amanda Bridges		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT: Personal History-Hospital Records, Eudowood, SSanatorium		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio Vascular Renal disease — 6 mos.

442 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arthritis, — sev'l years.

1310 (c) Senility. —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27, 1948, to 6/5, 1949 that I last saw the deceased alive on 6/4, 1949 and that death occurred at 1.55 A m., from the causes and on the date stated above.

SIGNATURE: Bennett A. Stoen (Degree or title) ADDRESS: M.D. Eudowood Sanatorium, Towson, 4, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: June 1949	NAME OF CEMETERY OR CREMATORY: Johnson Funeral Home	LOCATION (City, town, or county) (State): Statesville, N. C.
DATE REC'D BY LOCAL REG.: June 5-49	REGISTRAR'S SIGNATURE: W. Carroll Van Horn, Dep. Local Registar	24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1949
BUREAU V. S.

05440

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeberg #6 LENGTH OF STAY (in this place) 8
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fitch ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location) Box 503 Fitch Lane.

3. NAME OF DECEASED (Type or Print) (First) Dora (Middle) M. (Last) Buell.
4. DATE OF DEATH (Month) June (Day) 29 (Year) 49

5. SEX Female
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feby 23/1886
9. AGE last birthday 63 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wm. L. Buell

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974 Immediate cause (a) Strangulation by hanging. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

1640 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Raspeberg #6 (COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-29-49 8 A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? By hanging with clothes line

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. McCarmine M.D. (Degree or title) Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 6/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/2/49
NAME OF CEMETERY OR CREMATORY Weisberg Cem.
LOCATION (City, town, or county) Balto Co. (State)

DATE REC'D BY LOCAL REG. 7/1/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Paul E. Chenaweth 3615-17 Chestnut Ave. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Blvd 5-18 W

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05441

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Monkton MD; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Georgia (Middle) Anna (Last) Bull

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct 31 - 1870

9. AGE last birthday: 78 yrs. If under 1 year: Months. — Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: - Eaton

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: C. H. Bull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Chronic myocarditis — Interval between onset and death:

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio - sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to June 9, 1949, that I last saw the deceased alive on June 9, 1949, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. M. France M.D. Parkton Md 6/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE June 13 1949

NAME OF CEMETERY OR CREMATORY Foster's

LOCATION (City, town, or county) (State) Hereford, Md

DATE REC'D BY LOCAL REG. June 10, 1949

REGISTRAR'S SIGNATURE Mrs Howard S. Mathias

24. FUNERAL DIRECTOR Howard S Mathias

ADDRESS Whitehall, Md

RECEIVED
JUN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05442

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon; LENGTH OF STAY (In this place) 4 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) KEZZIAH (Middle) MISSOURI (Last) BULL

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 13-1866

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Joshua L Bull

14. MOTHER'S MAIDEN NAME: Elizabeth A. Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Blaine Mayo

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (422.1)	(a) Acute Left Ventricular Failure	4 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (93d)	(b) Arteriosclerotic C.V. Disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from June ..., 1945, to June 8, 1949, that I last saw the deceased alive on June 8, 1949, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Maurice C. Porter Jr M.D

ADDRESS: Hampstead, Md

DATE SIGNED: June 9, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 11/49

NAME OF CEMETERY OR CREMATORY: Houston

LOCATION (City, town, or county): Balto Co

(State): Md

DATE REC'D BY LOCAL REG.: 6-10-49

REGISTRAR'S SIGNATURE: Mary B. Elkins

24. FUNERAL DIRECTOR: Edw C Tipton

ADDRESS: Hampstead Md

RECEIVED
JUN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

15443

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Fork; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Hyde; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Fork Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) L. (Last) Benton

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Jan 16-1879

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Randolph E. Tindal

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Millard L. Ball

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 2 hrs.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — 2 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1948, to June 18, 1949, that I last saw the deceased alive on June 18, 1949, and that death occurred at 5.45 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lloyd F. Hudson, M.D. Fork Md. 6/20/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 21-49

NAME OF CEMETERY OR CREMATORY: Haugh Chapel

LOCATION (City, town, or county) (State): Glenarm Md

DATE REC'D BY LOCAL REG.: June 20-49

REGISTRAR'S SIGNATURE: C. E. Arthur

24. FUNERAL DIRECTOR: C. E. Arthur

ADDRESS: Fork Md.

VS. A15

RECEIVED
JUN 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

115444

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Timonium | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Timonium Fair Grounds

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Timonium
STREET ADDRESS (If rural, give location): Linder Road

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) C. (Last) Campbell Jr.

4. DATE OF DEATH: (Month) June (Day) 6th (Year) 1949

5. SEX: M | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Nov 8-1875 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Painter | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Louis C Campbell Sr. | 14. MOTHER'S MAIDEN NAME: Frey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. | (If year, give war or dates of service): | 16. SOCIAL SECURITY NO.: | 17. INFORMANT: Mrs Elizabeth Campbell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 2 hrs —

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1949, to 6/6, 1949, that I last saw the deceased alive on 6/6, 1949, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Wilmer C. Ensor M.D. | Cockeysville Md. | 6/6/49.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE June 9th 1949 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cem | LOCATION (City, town, or county) Pikesville (State) Md

DATE REC'D BY LOCAL REG. 6-6-49 | REGISTRAR'S SIGNATURE Wilmer C. Ensor M.D. | 24. FUNERAL DIRECTOR John Bruno Sons | ADDRESS 610 York Rd Towson 4

RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05445

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Register & Sherwood Rd. Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 1910 Oak Hill Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIS (Middle) F (Last) CANNEN

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jun. 16, 1864

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Newville Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Cannen

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Mrs. Charles Hammond 1910 Oak Hill Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Myocardial Insufficiency — 24 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Myocarditis — 6 mos

(c) Generalized Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1949, to June 24, 1949, that I last saw the deceased alive on June 23, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Thomas J. Wade Jr. (Degree or title) ADDRESS 3809 Greenmount Ave DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6 27/49

NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. June 25 1949

REGISTRAR'S SIGNATURE RW, and Deputy

24. FUNERAL DIRECTOR WM. J. TICKNER & SONS INC.

ADDRESS North & Pa. Aves. Balto. 17, Md.

CERTIFICATE OF DEATH

Registered No. 43

BIRTH NO. / Balto. 05446

1. NAME OF DECEASED (Type or Print): Alfred C. Carroll

2. DATE OF DEATH: 6/12/49 2.05 P.M.

3. PLACE OF DEATH:
A. Baltimore City, Maryland Parkville
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2612 Wendover Rd
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Parkville
D. STREET ADDRESS (If rural, give location): 2612 Wendover Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Widowed	12/27/1866	82	5	15		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Fireman	City of Balto.	Balto. Md	

13. FATHER'S NAME: Michael Carroll

14. MOTHER'S MAIDEN NAME: Mary Fields

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Helen Hill ADDRESS: 2612 Wendover Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

420.1 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

93d

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/5, 1949 *to* 6/12, 1949 *that I last saw the deceased alive on* 6/12, 1949 *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Harold A. Scott M. D.	8100 Harford Rd.	6/14/49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/15/49	Balto.	Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUN 15 1949

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

25. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, using UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 18 1949
BUREAU V. S.

1948-17.41
1866-12-27
82-6-15

CERTIFICATE OF DEATH

Registered No. 47

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WAYNE CARSON

2. DATE OF DEATH: June 6, 1949

3. PLACE OF DEATH
A. Baltimore ~~City~~ Co., Maryland — 524 Bayside Drive
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
c. Length of stay in Baltimore: 2 1/2 mos. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dundalk
D. STREET ADDRESS (If rural, give location): 524 Bayside Drive

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	Days	If Under 24 Hours Hours	Min.
Male	White	single	March 21, 1949		2	15		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Maryland - Baltimore city	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David S. Carson Jr.	Anna T. McClelland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		David S. Carson Jr.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute tracheo-bronchitis
DUE TO
500
ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
106a
(C)
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH. | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said* Autopsy *Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [X], *accident* [ ], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: George G. Merrill M.D. | 23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ] | 23C. DATE SIGNED: June 6, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/8/49	Oak Lawn	Balto, Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
6/7/49	D. W. Medrud	Roland L. Fisher	Dundalk Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05448

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (In this place): 1 yr 9 mo 13 d
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, 5
STREET ADDRESS (If rural give location): 1026 Milton Avenue

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Christopher, Sr. (Last)

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: May 18, 1888

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Jerome Christopher

14. MOTHER'S MAIDEN NAME: Louise Rabbish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — 1 yr + 9 mo

13b Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1949, to June 7, 1949, that I last saw the deceased alive on June 6, 1949, and that death occurred at 5.05 A m., from the causes and on the date stated above.

SIGNATURE: Milton B. Kress (Degree or title) M.D. ADDRESS: Eudowood Sanatorium, Towson 4, Md. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 6/10/49
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
LOCATION (City, town, or county) (State): 4430 Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG.: 6-8-49
REGISTRAR'S SIGNATURE: C

24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: ~~2601~~ 3-5 E. Madison Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05449

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (in this place) since 12/1/27
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural give location) 2022 Linden Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Bernard (Middle) (Last) Cohen
4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June ?, 1914
9. AGE last birthday: 35 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inmate
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ellis Cohen
14. MOTHER'S MAIDEN NAME: Mamie Grossman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Institutional records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

540.1 **Immediate cause** (a) Pneumonia, right and left lower lobe — 11 days

117a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Perforated gastric ulcer with peritonitis (Streptococcus viridans) — 18 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post-anaesthetic psychosis — 21 days

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -
(CITY OR TOWN) (COUNTY) (STATE): -
TIME OF INJURY (Month) (Day) (Year) (Hour): - m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 5/13, 1949, to 6/29/, 1949, that I last saw the deceased alive on 6/29, 1949, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
H. B. Butler M.D. — Owings Mills, Md. — 6/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-30-49
NAME OF CEMETERY OR CREMATORY: Rosedale
LOCATION (City, town, or county) (State): Balto Md
DATE REC'D BY LOCAL REG.: 6/30/49
REGISTRAR'S SIGNATURE: R. W. Hedrick
24. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eutaw Pl

M

05450

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Baltimore Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase Md
STREET ADDRESS (If rural, give location) Eastern Ave

3. NAME OF DECEASED (Type or Print) (First) SUSAN (Middle) ANNA (Last) CORNISH

4. DATE OF DEATH (Month) June (Day) 12 (Year) 1949

5. SEX F
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Dec. 2 1862
9. AGE last birthday 86 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Taylors Island Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Travers
14. MOTHER'S MAIDEN NAME Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Guy L. Cornish

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion	Sudden
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerotic-Cardio-Vascular disease	6 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1949, to June 12, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE G. M. Baumgardner (Degree or title) M.D ADDRESS Balto 6 Md. DATE SIGNED 6-14-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE June 15/49 NAME OF CEMETERY OR CREMATORY Sharp St Cemetery LOCATION (City, town, or county) Chase Md (State)

DATE REC'D BY LOCAL REG. 6/14/49 REGISTRAR'S SIGNATURE A. W. Heduck
24. FUNERAL DIRECTOR Mrs Robt. A Elliott & Dgt ADDRESS 1129 N. Caroline St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

~~5781~~
28
8461

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05451

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 12 mi Towson — LENGTH OF STAY (in this place): Unknown 1 year — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 118 Midhurst Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 1033 Edmondson Ave Baltimore — STREET ADDRESS (If rural, give location): Md 23

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Louise	Wise	Craig	June	9	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	Aug. 25, 1908	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Chancock, Va	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Wise	Estella Anderson Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Husband. James Craig

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.2 **Immediate cause**	(a) Acute congestive heart failure, sudden	Sudden 6/9/49
93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heart disease, chronic myocarditis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ therean and fram the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: naturol causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin S. Hudson	M.D., D.M.E.	Towson 4 Md	6/9/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-11-49		CHANCOCK, VIRGINIA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-10-49	L Asst Registrar	Mrs. Frances G. Hennesy (or Biddle)	571 St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05452

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Glen Arm — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Wind Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Glen Arm
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) North Wind Road

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) W. (Last) De Baugh

4. DATE OF DEATH: (Month) June (Day) 29th (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 28, 1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hines

14. MOTHER'S MAIDEN NAME: Emma Deets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Joseph Grammer, 4613 Harford Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

194 **Immediate cause** (a) Carcinoma, thyroid. — INTERVAL BETWEEN ONSET AND DEATH: May 1949 June 1949

55C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to June 29, 1949, that I last saw the deceased alive on 29 June, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles H. Reis 6701 York Rd Balto 12 Md 30 June 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7-2-49 — NAME OF CEMETERY OR CREMATORY: Hiss Church Cem — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/1/49 — REGISTRAR'S SIGNATURE: A. W. Bedsch

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05453

Reg. Diat. No. 30

1. PLACE OF DEATH:

County: Balto.

City or town: Catonsville Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
315 Ingleside Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 2652 Harford Road
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: WILLIAM P. DEMPSEY

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Irene James

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ABT. 1879

8. AGE: Years	Months	Days	If less than one day
About 70			hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Retired Letter Carrier

11. Industry or business

FATHER
12. Name: John P. Dempsey
13. Birthplace

MOTHER
14. Maiden name: Mary Ward
15. Birthplace

16. Informant: Lawrence Fallon., Jr.
Address: 105 E. Saratoga Street

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/22/49 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimore, Md.

18. Funeral director: H. H. Ulears and Son
Address: 805 N. Calvert St.

19. 6/22/49 19 (Date rec'd by registrar) V E Harry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 20 June 1949 at 4:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1948 to 20 June 1949

and that I last saw him alive on 19 June 19

Immediate cause of death: Carcinoma stomach with abdominal metastases — DURATION: Unknown

Due to: — 151

Due to: — 46 b

Other conditions: Arterio generalized sclerosis — Unknown
(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Stephen Lee Magness MD
M. D. or other

Address: Catonsville 28, Md. Date signed: 21 June '49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 24 1949
BUREAU V. S.

1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05454

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 64days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 712 Allendale Street

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) (Last) DIETZ

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-29-62

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Packer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phillip. Dietz

14. MOTHER'S MAIDEN NAME: Maria Roth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1864-1865

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Peritonitis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Perforated Peptic Ulcer	Unknown
	(c)	

541.1

1170

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Suprapubic prostatectomy (April 3, 1949)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1949, to June 5, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hugh McCulloch

HUGH McCULLOCH, M.D. VAH, Ft. Howard, Md. 6-6-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6/9/49

NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery

LOCATION (City, town, or county) (State): Violetsville, Maryland

DATE REC'D BY LOCAL REG. 6/7/49

REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons

ADDRESS: North & Pa. Aves. Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

65455

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dogfield Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. ~~COUNTY~~ City Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 4100 B Doarman Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MICHAEL	ROBERT	DRAGON.	June	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	White	Single.	Dec 28, 1941	8 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Student	Balto.	U.S.A

13. FATHER'S NAME: Drury Dragon (Deceased.)
14. MOTHER'S MAIDEN NAME: Mrs Drury Dragon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no. no.	none.	Mrs Yardley Smith.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning, Accidental	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

909.1
183

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Swimming Pool	(CITY OR TOWN)	(COUNTY)	(STATE)
		Owings Mills	Balto.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
June 12 '49 ~~P.M.~~ a.m.		Fell in swimming pool.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Taples, M.D.	Med. Exam.	Reisterstown, Md	6-12-'49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	June 16 1949	Willow Grove	Berwick	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-12-49	Mary B. Elvie.	Wm. Berryman & Sons	Reisterstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 14 1949
BUREAU V. S.

Evidence for change in 18b shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05456

CERTIFICATE OF DEATH

Reg. Dist. No. 45

FILM NO. G 121 JUL 22 1949

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1500 Wilson Point Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River
STREET ADDRESS (If rural, give location): 1500 Wilson Point Rd

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): John Thomas Edwards

4. DATE OF DEATH (Month) (Day) (Year): June 17 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 30 - 1873
9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Lynn, England
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Edwards
14. MOTHER'S MAIDEN NAME: Mary Ann Parsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 169-07-0098
17. INFORMANT: Mrs. Elizabeth Edwards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Apoplexy — Suddenly

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic arteriovascular disease (Card) (7/21/49 as) — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1949, to June 17, 1949, that I last saw the deceased alive on June 17, 1949, and that death occurred at 12.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): G. M. Baumgardner MD — ADDRESS: Balto 6 Md — DATE SIGNED: 6-17-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/21/49 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG.: June 21st 1949 — REGISTRAR'S SIGNATURE: Henry Russe — 24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS: 418 Eastern Ave Balto 21 Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 25 1919
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05457

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 330 George Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 330 George Ave.

3. NAME OF DECEASED (Type or Print) (First) OLIVER (Middle) HILLIS (Last) ELLIOTT

4. DATE OF DEATH (Month) June (Day) 23 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 2-1906
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool maker
10b. KIND OF BUSINESS OR INDUSTRY Glenn L. Martin
11. BIRTHPLACE (State or foreign country) Penna
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Roy Elliott
14. MOTHER'S MAIDEN NAME Daisy Applebough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 112-12-3158
17. INFORMANT Mrs. Leanor Elliott

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD (Degree or title) Dyn Med Exam ADDRESS Dundalk-22 DATE SIGNED 6/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 27-49
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) Balto., Co. (State) Md

DATE REC'D BY LOCAL REG. June 27th
REGISTRAR'S SIGNATURE Henry Crusse
24. FUNERAL DIRECTOR John G. Connelly ADDRESS 418 Eastern Ave Balto 21 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05458

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oliver Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oliver Beach.
STREET ADDRESS (If rural, give location) Box 429 Route 14

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Henry (Last) Ernstberger
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1949
5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH March 9, 1874
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Banker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME August Ernstberger
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Joseph Ernstberger (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. B. Davis MD Dept. Med. Examiner - Balto Co - Dandalk Md 6/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/30/49
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) German Hill Rd. (State) Md.
DATE REC'D BY LOCAL REG. June 30th 1949
REGISTRAR'S SIGNATURE Henry Crusse
24. FUNERAL DIRECTOR John G Connelly. ADDRESS Essex 21, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 12 1949
BUREAU V. S.

BIRTH NO. G 121 JUL 12 1949 (over)

CERTIFICATE OF DEATH

Registered No. 38

05450

1. NAME OF DECEASED (Type or Print): Annie Ewing

2. DATE OF DEATH: June 30 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Towson Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 512 Virginia Ave.

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Towson
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
D. STREET ADDRESS (If rural, give location): 512 Virginia Ave

5. SEX: Female
6. COLOR OR RACE: Wht
7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): widow
8. DATE OF BIRTH: Dec 11 1864
9. AGE (In years last birthday): 84 ~~85~~ — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): a Home
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Harford Co Md
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Jacob La Rue
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Charles W. Ewing — ADDRESS: Balto Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

156

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B) none

46 f

DUE TO
(C) none

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): no
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 15 *1949, to* June 30 *1949, that I last saw the deceased alive on* June 29 *1949, and that death occurred at* 10P *m., from the causes and on the date stated above.*

23A. SIGNATURE: D. H. Harrmann M. D.
23B. ADDRESS: 1710 E 33rd St
23C. DATE SIGNED: 7/-1/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 3 1949
24C. NAME OF CEMETERY OR CREMATORY: Baker Cem
24D. LOCATION (City, town, or county) (State): Aberdeen Md.

DATE RECEIVED BY LOCAL REGISTRAR: July 1 1949
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: John C Moran — ADDRESS: 3000 E Baltimore

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change in age is shown on:
Film No. G 121 July 12, 1949.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05460

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lowson
LENGTH OF STAY (in this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 Hopkins Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lowson
STREET ADDRESS (If rural give location) 405 Hopkins Rd

3. NAME OF DECEASED (Type or Print): (First) Theresa (Middle) M. (Last) Fleckenstein

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 23 1879

9. AGE last birthday: 69 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Henry Morgereth

14. MOTHER'S MAIDEN NAME: Katherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John J. Fleckenstein 1625 E. Lafayette Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 Immediate cause (a) Sarcoma of uterus — Interval Between Onset and Death: ? 5 mos

48b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8, 1949, to June 5, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Franklin E. Fiske ADDRESS DATE SIGNED June 6, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 8-49 — NAME OF CEMETERY OR CREMATORY: Holt Redeemer Cem — LOCATION (City, town, or county) (State): 4600 Belair Rd. Balto.

DATE REC'D BY LOCAL REG. 6/6/49 — REGISTRAR'S SIGNATURE H. W. Hadwell Jr. — 24. FUNERAL DIRECTOR AND ADDRESS: Duppel Bros. 7110 Belair Rd.

05461

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County Baltimore

City or town Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sister Mary Lactaria Frumviller

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1869

8. AGE: Years	Months	Days	If less than one day
79	7	25	hrs. min.

9. Birthplace Detroit, Mich.
(Town, county, and state)

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name Anthony Frumviller
13. Birthplace Buffalo, N.Y.

MOTHER
14. Maiden name Mary Chateau
15. Birthplace Detroit, Mich

16. Informant Sr. Mary Clara
Address Notch Cliff, Md

17. Burial Date thereof June 14/49
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Notch Cliff

Location Glen Ann

18. Funeral director Geo M. Fink & Son
Address 811 N. Wolfe St

19. 6/13/49 19 H M Hammett
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1949 at 3.00 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 26 1945 to June 12 1949 and that I last saw her alive on June 8 1949

Immediate cause of death Pernicious Anemia

290.0

Due to

Due to

73a

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M.D.
M. D. or other

Address Date signed

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
JUN 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05462

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #9 Vincent Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) #9 Vincent Ave.

3. NAME OF DECEASED (Type or Print): (First) VINCENT (Middle) PAUL (Last) GABLIK

4. DATE OF DEATH: (Month) JUNE (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 19-21

9. AGE last birthday: 27 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist

10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Josyah Gablik

14. MOTHER'S MAIDEN NAME: Eva Wolnik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Mary Gablik

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 Immediate cause (a) STARVATION ~~Obstruction of stomach~~ — Interval between onset and death: 1 year

46b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c) Tumor (cancer) of stomach

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: MAY 1949. — 19b. MAJOR FINDINGS OF OPERATION: Tumor, ant. curvature of stomach — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 6-13, 1949, that I last saw the deceased alive on 6-13, 1949, and that death occurred at 5-30 P. m., from the causes and on the date stated above.

SIGNATURE: Maxwell Edmund — (Degree or title) M.D — ADDRESS 417½ Eastern Ave — DATE SIGNED 6-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: 6-16-49 — NAME OF CEMETERY OR CREMATORY: Beaver Meadows — LOCATION (City, town, or county) (State): Pennsylvania

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE: Henry Crusse

24. FUNERAL DIRECTOR: John G. Connelly — ADDRESS 468 Eastern Ave Balto 21 md.

RECEIVED
JUN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05463

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9 5M

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Hood's Nursing Home, 5313 Edmondson Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 615 Aldershot Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME
Thomas A. Gill

3.(b) Social Security Number
216 09 0023

4. Sex: Male
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Ada Gill
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): June 21, 1882
8. AGE: Years 67 | Months 0 | Days 9 | If less than one day: hrs. ..... min. .....
9. Birthplace: Penn.
(Town, county, and state)
10. Usual occupation: Plumber Supervisor
11. Industry or business: Lloyd Mitchell
FATHER 12. Name: Gill
13. Birthplace: Unknown
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Mrs. Ada Gill Wife
Address 615 Aldershot Rd, Catonsville, 28, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2/49 (month) (day) (year)
Cemetery or crematory Mt. Olivet
Location 2930 Frederick Rd. Balto. Md.
18. Funeral director Harry H. Luitste
Address 4101 Edmondson Ave.
19. July 2, 1949 (Date rec'd by registrar) 19 R.W. A.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30/49 19 49, at 1:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/17 19 49 to 6/29 19 49
and that I last saw h[illegible] alive on 6/29 19 49

Immediate cause of death	DURATION
Cerebral Thrombosis.	
Arteriosclerotic Cardio-Vascular Disease	7
Due to	
Due to 422.1	
Other conditions 93d	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Clive Laughlin M. D. or other
Address 4508 Edmondson Village Date signed 6/30/49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05464

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown — LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) Bond Ave.

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) (Last) Goodwin

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 25, 1876

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward H.C.Goodwin

14. MOTHER'S MAIDEN NAME: Mary P.VanBibber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mary Goodwin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — 10 Minutes

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular Disease — 15 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/22, 1948., to 6/26, 1949., that I last saw the deceased alive on 6/24/49, 19....., and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel — (Degree or title) M.D. — ADDRESS Reisterstown, Md. — DATE SIGNED 6/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF June 29, 1949 — NAME OF CEMETERY OR CREMATORY All-Saints — LOCATION (City, town, or county) (State) Reisterstown, Md.

DATE REC'D BY LOCAL REG. 6-27-49 — REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR: J.F.Eline & Sons — ADDRESS Reisterstown, Md.

VS-A15

RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05465

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; STREET ADDRESS (If rural, give location) Falls Road

3. NAME OF DECEASED (Type or Print): (First) Herbert (Middle) Frederick (Last) Harr

4. DATE OF DEATH: (Month) June (Day) 5th (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March-30-1896

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cockeysville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John George Harr

14. MOTHER'S MAIDEN NAME: Katherine Dearholt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs Ethel May Harr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden.

Antecedent cause(s) 541.0

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 117b

(b) (Gastro enterostomy - following) — Interval Between Onset and Death: 3 mo.

(c) Duodenal ulcer.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949.

19b. MAJOR FINDINGS OF OPERATION: Duodenal ulcer.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1948, to 6/5, 1949, that I last saw the deceased alive on 6/1, 1949, and that death occurred at 11-15-49 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilmer C. Enos M.D. Cockeysville md 6/6/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: June 8th 1949

NAME OF CEMETERY OR CREMATORY: Grace Church

LOCATION (City, town, or county) (State): Falls Road - Cockeysville

DATE REC'D BY LOCAL REG. 6-6-49

REGISTRAR'S SIGNATURE: Wilmer C. Enos M.D.

24. FUNERAL DIRECTOR: Tom Burns Son's

ADDRESS: 610 York Rd. Towson 4

VS-A15

RECEIVED
JUN 8 1949
BUREAU V. S.

05466

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Mary Ellen Hasson

4. DATE OF DEATH (Month) (Day) (Year) June 15th 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH About 1881
9. AGE last birthday About 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY Private Home
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Malcolm Hasson
14. MOTHER'S MAIDEN NAME Ellen Catherine (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary I. Moore (Niece) Thurmont Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 Days

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1949, to 6-15, 1949, that I last saw the deceased alive on 6-15, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE James G Howell (Degree or title) ADDRESS Catonsville DATE SIGNED 6/15

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/17/49
NAME OF CEMETERY OR CREMATORY Balto
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 6/16/49
REGISTRAR'S SIGNATURE H.W. Hedrick Jr.
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul st. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BIRTH NO. FILM No. 121 JUL 22 1949 (OTHER) 05467

1. NAME OF DECEASED (Type or Print): JOHN T. HAWKINS.

2. DATE OF DEATH: June 28, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Balto. Co.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sparrows Point Hospital

C. Length of stay in Baltimore: 28 yrs. (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 124 S. Hilton Street

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED.
8. DATE OF BIRTH: Jan. 1-1910
9. AGE (In years last birthday): 39 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wire Drawer
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph H. Hawkins.
14. MOTHER'S MAIDEN NAME: Helen Blackwell.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no. (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 213-07-2841
17. INFORMANT: Mrs. Edith E. Hawkins — ADDRESS: 124 S. Hilton St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Massive hemorrhage into right chest cavity

DUE TO

912.3 ANTECEDENT CAUSES

(B) Puncture wound of right chest.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

176

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Scarring of heart

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Bethlehem Steel
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Sparrows Point, Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 6/28/49 1 P. m.
21E. INJURY OCCURRED: WHILE AT WORK [✓] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR? Stabbed by wire from machine

22. *I certify that I took charge of the remains described above, held an* autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* [ ], *accident* [✓], *suicide* [ ], *homicide* [ ], *undetermined* [ ].

23A. SIGNATURE: George G. Merrill M.D.
23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]
23C. DATE SIGNED: June 29, 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial.
24B. DATE: JULY-2/49.
24C. NAME OF CEMETERY OR CREMATORY: LOUDON-Park-Cemetery.
24D. LOCATION (City, town, or county) (State): Baltimore - Md.

DATE RECEIVED BY LOCAL REGISTRAR: 7/1/49
REGISTRAR'S SIGNATURE: A. W. Hedrick J.S.
25. FUNERAL DIRECTOR: Charles J. Schwab — ADDRESS: 3512-Frederick-

Evidence for addition of # 21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05468

Reg. Dist. No. 4-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Baltimore; LENGTH OF STAY (In this place) Unknown; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6916 North Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Baltimore; STREET ADDRESS (If rural give location) 6916 North Point Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Heim

4. DATE OF DEATH: (Month) 6 (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, (WIDOWED) DIVORCED (Specify) ~~Married~~

8. DATE OF BIRTH: 8-7-1882

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Prop.

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Cecelia Harvey Same Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED White at Work ☐ Not White At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to June, 1949, that I last saw the deceased alive on June 27, 1949, and that death occurred at 6:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert E Farber M.D. 914 D St, Spanos Park, Md 7-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7-5-1949

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Balto. Co. Maryland

DATE REC'D BY LOCAL REG. 7-2-49

REGISTRAR'S SIGNATURE Robert E. Farber acting Local Registrar

24. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. 403 S. Wolfe Balto. Md.

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05469 46
Reg. Dist. No.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 414 Beak Ave E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS (If rural, give location) 414 Beak Ave

3. NAME OF DECEASED (Type or Print): (First) Matilda (Middle) (Last) Heuser

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6-9-62

9. AGE last birthday: 87 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Metz

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Chas. Heuser (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval Between Onset and Death: 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

442
1310

(b) Hypertensive Cardio-vascular-renal disease — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Embolus left iliac vein — 2 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1947, to June 20, 1949, that I last saw the deceased alive on June 17, 1949, and that death occurred at 7:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph Micelli Mark MD — 422 Eastern Ave — 6/21/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6-22-49 | NAME OF CEMETERY OR CREMATORY: Mt Carmel | LOCATION (City, town, or county): Balto | (State): Md

DATE REC'D BY LOCAL REG.: June 21st 1949 | REGISTRAR'S SIGNATURE: Henry Heuser | FUNERAL DIRECTOR: John B. Connelly - 418 Eastern Ave | ADDRESS: Balto 21 Md.

VS. A15

RECEIVED
JUN 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05470

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium | LENGTH OF STAY (in this place) 82 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium
STREET ADDRESS (If rural, give location) York Road

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) A. (Last) HESSIAN

4. DATE OF DEATH: (Month) 6 (Day) 10 (Year) 1949

5. SEX: FEMALE | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: 12/20/1866 | 9. AGE last birthday: 82 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore Co., Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick Martin | 14. MOTHER'S MAIDEN NAME: Mary Jarpe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT: Charles Hessian - Timonium, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332 Immediate cause (a) Cerebral Thrombosis — 10 days.

83b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis + Hypertension — Unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1949, to June 10, 1949, that I last saw the deceased alive on June 10, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE John L. Green Jr. (Degree or title) M.D. ADDRESS Towson 4, Md. DATE SIGNED 6/13/49.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/13/49 | NAME OF CEMETERY OR CREMATORY St. Josephs | LOCATION (City, town, or county) Texas. Md (State)

DATE REC'D BY LOCAL REG. June 13-49. | REGISTRAR'S SIGNATURE Wilmer C. Ensor | 24. FUNERAL DIRECTOR Frank A. Merrill ADDRESS

VS. A15

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05471

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Balto. | LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 School Lane.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Balto. Dundalk
STREET ADDRESS (If rural give location) 7300 School Lane.

3. NAME OF DECEASED (Type or Print): (First) ANDERSON (Middle) J. HOFFMAN (Last)

4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 9-11-1894 | 9. AGE last birthday: 54 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman | 10b. KIND OF BUSINESS OR INDUSTRY: Can Mfg. | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: David Hoffman | 14. MOTHER'S MAIDEN NAME: Nellie Mc Gregor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: ? | 17. INFORMANT: Nettie Hoffman - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

193 **Immediate cause** (a) Heart Failure — 24 hrs

55e **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) RIGHT BASAL GANGLIA ASTROCYTOMA — 1 YR

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1949, to June 15, 1949, that I last saw the deceased alive on June 15, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Stephen C. Mackoviale M. D. | 6714 Holabird Ave | June 16, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 6-18-49 | NAME OF CEMETERY OR CREMATORY: Balto. Cem. | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 6/17/49 | REGISTRAR'S SIGNATURE: A.W. Helwick | 24. FUNERAL DIRECTOR: Riley & Zeiler Inc. | ADDRESS: 403 S. Wolfe

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05472

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rebecca M. Coale Nursing Home, Shady Nook Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville - 5809 Edmondson Ave.
STREET ADDRESS (If rural, give location): ~~Shday Nook Ave.~~ ~~Rebecca M. Coale Nursing Home~~

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) KNOX (Last) HOGAN
4. DATE OF DEATH: (Month) June (Day) 10, (Year) 1949
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: March 4, 1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Matron
10b. KIND OF BUSINESS OR INDUSTRY: Weidner, Mem. School
11. BIRTHPLACE (State or foreign country): Moundsville, W. Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John E. Hogan
14. MOTHER'S MAIDEN NAME: Helen R. McClean
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT: The Oliver H. Bair Co. Philadelphia, Pa 1820 Chestnut St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Broncho pneumonia — 1 week

108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiectasis — years

(c) Arterio sclerosis — years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1940, to June 10, 1949, that I last saw the deceased alive on June 10, 1949, and that death occurred at 5.30A m., from the causes and on the date stated above.

SIGNATURE: Westinberg Fort (Degree or title) — ADDRESS: 20 S. Preston St. — DATE SIGNED: 6/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 6/14/49 — NAME OF CEMETERY OR CREMATORY: West Laurel Hill Cem. — LOCATION (City, town, or county) (State): Philadelphia, Pa.
DATE REC'D BY LOCAL REG.: 6/10/49 — REGISTRAR'S SIGNATURE: H. W. Hedrick Dm
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

Additional information re residence obtained by phone to Miss Coale - 9-20-49 - Patient admitted from the home of a niece 5809 Edmondson Ave. with whom she lived.

ams - 9-20-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05473

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) AUBREY (Middle) RAY (Last) HOOD

4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 2-8-94

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cooksville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Hood

14. MOTHER'S MAIDEN NAME: Rachel Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) MYOCARDIAL INFARCTION — Interval Between Onset and Death: 5 years

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCIEROSIS OF CORONARY ARTERIES — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1949, to June 15, 1949, that I last saw the deceased alive on June 15, 1949, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE H. C. Manaugh (Degree or title) ADDRESS DATE SIGNED

H. C. MANAUGH, M. D., CHIEF, PROFESSIONAL SERVICES, FORT HOWARD, MD. (VAH) 6-16-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 18 1949

NAME OF CEMETERY OR CREMATORY Springfield Cemetery

LOCATION (City, town, or county) (State) Sykesville, Maryland

DATE REC'D BY LOCAL REG. June 16, 1949

REGISTRAR'S SIGNATURE Dawson L. Farber

24. FUNERAL DIRECTOR Harry C. Weer — ADDRESS Sykesville, Md.

RECEIVED
JUN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05474

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bellona and Brightside Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton
STREET ADDRESS (If rural, give location) Bellona and Brightside Aves.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) EDITH (Last) HUNT

4. DATE OF DEATH: (Month) June (Day) 13, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 22, 1895

9. AGE last birthday: 53 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Chestnut Ridge, Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Myers

14. MOTHER'S MAIDEN NAME: Kate Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: James Harrison Hunt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: appx. 3 hours

Antecedent cause(s): None Known

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1949, to June 13, 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 8:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Crawford N. Kirkpatrick, Jr. M.D. — 6 E. Eager Street, Baltimore 2, Md. — June 15, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: June 16, 1949 — NAME OF CEMETERY OR CREMATORY: Carroll's Church Cemetery — LOCATION (City, town, or county) (State): Greenspring Ave., Balto. Co., Md.

DATE REC'D BY LOCAL REG. 6/16/49 — REGISTRAR'S SIGNATURE: A. W. Hedges

24. FUNERAL DIRECTOR — ADDRESS: John Burns' Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

115475

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28 — LENGTH OF STAY (in this place) 19 yrs 8 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 2816 Hilldale ave

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) (Last) Isaacson

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1949

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: April 1883 unknown — 9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife none — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Poland — 12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: unknown — 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure with Pulmonary edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c) Hypertension + arteriosclerotic heart disease

490.0 / 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Geo. Finkelstein MD Deputy Med Exam Balto Co 1018 Leadenhall June 12. 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-13-49 — NAME OF CEMETERY OR CREMATORY Hebrew Herring Run — LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 6/12/49 — REGISTRAR'S SIGNATURE T E Harry — 24. FUNERAL DIRECTOR Jack Lewis Inc — ADDRESS 2100 Eutaw Pl

VS-A15A

RECEIVED
JUN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05476

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alpshing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) Campfield Rd

3. NAME OF DECEASED (Type or Print): (First) Augusta (Middle) (Last) Lauder
4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1949
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Sept 3. 1854
9. AGE last birthday 94 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm Bockert
14. MOTHER'S MAIDEN NAME Charlotte Pahl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Theo Katenkamp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Arterio-Sclerotic Heart Disease — Interval Between Onset and Death: 10 yrs.?

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio Sclerosis —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Chronic Bronchitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 39, to June 7, 1949, that I last saw the deceased alive on June 3, 1949, and that death occurred at 9:30 P. m., from the causes and on the date stated above. 6-8-49

SIGNATURE (Degree or title) Dr. Earl L. Chambers
ADDRESS 4108 Liberty Hts. Ave - Balto. Md.
DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify) Burial
DATE THEREOF June 10, 1949
NAME OF CEMETERY OR CREMATORY Greenmount Cem
LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY REG. 6/8/49
LOCAL REGISTRAR'S SIGNATURE A. W. Dedrick
24. FUNERAL DIRECTOR L. HEEMANN & SON
ADDRESS 6067 HARFORD Rd

VS. A15

8 18

1945-6-7

1854-9-3

94-9-4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05477

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
   LENGTH OF STAY (in this place): 49 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural, give location): 519 W. Mulberry St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
COSTAS	G.	KATIVATIS	June	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Divorced	6-11-14	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Restaurant Work		Greece	

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW II	217-19-9965	Clin.Rec. Vets.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
592 Immediate cause (a) Chronic Nephritis	Unknown
131b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 3, 1949, to June 21, 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at 9:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D. Chief Pro. Services	VAH, Ft. Howard, Md.	6-22-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/24/49	Greek Orthodox Cemetery	Windsor Mill Rd. Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/24/49	A.W. Hedrick	Lambros Funeral Home, Baltimore, Md.	

DM

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05478

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5. S. Wickham Road. ✓

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) M. (Last) KELLER.

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: DEC. 14-1860 | 9. AGE last birthday: 88 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore County Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Pierpont.
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Sarah Simpson. 5.5. Wickham Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure — 36 hours
442
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
1310
(b) Arteriosclerotic cardiovascular
(c) Renal disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 March, 19 49, to 25 June, 19 49, that I last saw the deceased alive on 25 June, 19 49, and that death occurred at 6.15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stephen Lea Magness MD Catonsville 28 Md 6-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 28-49 | NAME OF CEMETERY OR CREMATORY: London Park Cemetery | LOCATION (City, town, or county) (State): Baltimore - Md.

DATE REC'D BY LOCAL REG.: 6/27/49 | REGISTRAR'S SIGNATURE: A. W. Hedgecock | 24. FUNERAL DIRECTOR: Charles J. Schwab. | ADDRESS: 3512 Frederick - Ave.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05479

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4009 OVERLEA AVE MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS OVERLEA

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY BALTIO; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OVERLEA; STREET ADDRESS (If rural give location) 4009 OVERLEA AVE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANN A	MARGARET	KERN	6	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	MAY 6 1859	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AT HOME		GERMANY	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE BERGMANN	ELIZABETH ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
NO	NONE	ELIZABETH KERN 4009 OVERLEA AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Arteriosclerotic Heart Disease	many years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Sept, 19.46., to June 28, 1949., that I last saw the deceased alive on June 28, 1949., and that death occurred at 9:30 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Max R. English M.D.		5713 Belair Rd	6-29-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JULY 1-49	HOLY REDEEMER	4400 BELAIR RD MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/30/49	A. W. Craddock	DIPPEL BROTHERS.	7110 BELAIR ROAD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

115480

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Linganore Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; STREET ADDRESS (If rural, give location) 14 Linganore Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Kinsey

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 18, 1888

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown Kinsey

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Rose Kinsey, 14 Linganore Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 15 min.

420.1

Antecedent cause(s)

94 a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/4, 1946, to 6/29, 1949, that I last saw the deceased alive on 10/27, 1948, and that death occurred at 1 a. m., from the causes and on the date stated above.

SIGNATURE Robert A. Reiter (Degree or title) M.D. ADDRESS 3408 Windsor Ave Balto DATE SIGNED 6/29/49

Approved by Dr. R.C. Hudson. Deputy Med. Exam'r Balto County.

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE: 7/2/49

NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery

LOCATION (City, town, or county) (State): Woodlawn Maryland

DATE REC'D BY LOCAL REG. 7/1/49

REGISTRAR'S SIGNATURE: A. W. Hedges

24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Inc., 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

15481

Reg. Dist. No. 40

1. PLACE OF DEATH:
County: Baltimore
City or town: Fullerton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Fullerton, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 8339 Belair Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: CHRISTIAN W.F. KLOSTERMAN

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: A. Minna Klosterman
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 14th, 1862

8. AGE: Years	Months	Days	If less than one day
87	1	11	...hrs. ...min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Truck Farmer
11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Mrs. C.W.F. Klosterman
Address: 8339 Belair Rd.

17. burial (Burial, cremation, or removal. Which?) Date thereof 6/28/49 (month) (day) (year)
Cemetery or crematory: St. Johns Lutheran
Location: Parkville, Md.

18. Funeral director: Lassahn Funeral Home
Address: 7401 Belair Rd.

19. 6/26/49 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25 19 49, at 5:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16, 19 49, to June 25 19 49 and that I last saw him alive on June 22 19 49

Immediate cause of death	DURATION
Cerebral Hemorrhage	6 days
Due to Cardio-Vascular Hypertensive Disease	10 yrs.
Due to Arteriosclerosis	10 yrs.
443	
Other conditions	
qsd	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Michael J. Dausch M.D. M. D. or other
Address: 4636 Belair Rd. Date signed: 6/25/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9 5M

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05482

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 22
STREET ADDRESS (If rural, give location) 6735 Bessemer Ave.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) S. (Last) KONOP

4. DATE OF DEATH (Month) 6 (Day) 16 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 5-5-17

9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipfitter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Konop

14. MOTHER'S MAIDEN NAME Nora Spioch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 212-05-8988

17. INFORMANT Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
342	Immediate cause	(a) BRAIN ABSCESS, RIGHT TEMPORAL LOBE	2 weeks
80a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. M. Carmine (Degree or title) Deputy Medical Examiner Balto. Co. Dundalk 22 Md. DATE SIGNED 6/16/49

23. BURIAL: CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6-20-49

NAME OF CEMETERY OR CREMATORY St Stanislaus Cem.

LOCATION (City, town, or county) (State) Baltimore City

DATE REC'D BY LOCAL REG. 6/17/49

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR John M. Weber ADDRESS 401 S. Chester Street Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05483

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Ballo — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown; LENGTH OF STAY (In this place) 40 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryllonde Rural Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Ballo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Randallstown; STREET ADDRESS (If rural, give location) Maryllonde Randallstown Rd

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) F (Last) Knopf

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) ~~Married~~

8. DATE OF BIRTH: Sept 20 1896

9. AGE last birthday: 52 yrs. — If under 1 year: Months 9, Days 7; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Emil Knopf

14. MOTHER'S MAIDEN NAME: Louise Schweikert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Louisa Knopf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH

940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lew M. Kieffer Jr. M.D. Lederer Bldg Ft. Leads on 6-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7-1-49 | NAME OF CEMETERY OR CREMATORY Lorraine Park | LOCATION (City, town, or county) (State) Baltimore County, Md.

DATE REC'D BY LOCAL REG. Jun 28 49 | REGISTRAR'S SIGNATURE Lew Kieffer | 24. FUNERAL DIRECTOR George L. Schwab | ADDRESS 2101 Frederick Ave. Baltimore, Md.

RECEIVED
JUN 30 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05484

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dalto 21. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Back Riva & Holly Neck Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS 107 (If rural, give location) Polapico & Maryland ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frederick	C.	Kuhn.	June	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White.	Married	Oct. 21-1896	52 yrs.	8			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Helper	Beer Truck	Baltimore Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albyeous Kuhn	Catherine Holfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes W.W.I		Mrs. Sophia Kuhn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 **Immediate cause**	(a) Coronary occlusion.	Immediate
940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Back River	Essex	Balto. Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
6-21-1949 11 A.M.		No injury.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title)	ADDRESS	DATE SIGNED
H. McCormick M.D.	Deputy Medical Examiner Dundalk 22 Md	6/21/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 24-49	Balto. National	Balto. Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/22/49	A. W. Hedrick	John E. Connelly	Essex

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05485

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STATE MARYLAND
LENGTH OF STAY (in this place) 2 mos. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-16
STREET ADDRESS (If rural give location) 3202 Presbury Street

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) - (Last) Laughlin

4. DATE OF DEATH: (Month) 6 - (Day) 15 - (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 5-30-1869

9. AGE last birthday: 80 yrs. If under 1 year: Months - Days - If under 24 hrs.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Edinburg, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Amos Ripple

14. MOTHER'S MAIDEN NAME: Adeline Showers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 **Immediate cause** (a) Left lower lobar pneumonia — Interval between onset and death: 9 days

Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — indefinite

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-, 1949, to 6-15, 1949, that I last saw the deceased alive on 6-15, 1949, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M.D., Clinical Director, SGSH, Catonsville-28, Maryland 6-15-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 6/17/49
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/16/49
REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC 15486

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 1yr. 7mos. 5das.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 27 North Carey Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clara	-	LeBon	6 -	10 -	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	1868?	81 yrs.	?	?		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	?	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
443 Immediate cause	(a) Cerebral vascular accident	13 hours
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Hypertensive cardiovascular disease	indefinite
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Generalized arteriosclerosis	"

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-26, 1947, to 6-10, 1949, that I last saw the deceased alive on 6-10-, 1949, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M.D., Clinical Director, SGSH, Catonsville-28, Maryland 6-10-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 13/1949	Baltimore	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-13-49	[signature]	Mamie Cook Lyfer	1600 W North Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05487

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollifield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dogwood Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Aaco
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 24 Greenway Mt

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) (Last) Lehman
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 19 1865
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Thistle Howard Co Md
12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME Jacob H France
14. MOTHER'S MAIDEN NAME Hannah Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Wilbur Seidel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary heart disease

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo McKieffer Md Dep Med Exam Balto Co
ADDRESS 1010 Leeds Ave
DATE SIGNED June 27. 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 30 49
NAME OF CEMETERY OR CREMATORY Holy Cross
LOCATION (City, town, or county) Glen Burnie (State) Md

DATE REC'D BY LOCAL REG. June 27 49
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR Thomas Singleton
ADDRESS Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 30 1949
BUREAU V. S.

4508 Hanford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05488

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2910 Church Rd
STREET ADDRESS (If rural, give location) 2910 Church Rd

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E (Last) Locke

4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1949

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/19/1880

9. AGE last birthday: 68 yrs. If under 1 year: Months 10 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): BROCKTON, MASS.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: REARDON

14. MOTHER'S MAIDEN NAME: MARY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 074-07-7779

17. INFORMANT: Dorothy M. Locke, 2910 Church Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157 Immediate cause (a) Carcinoma Pancreas

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
46g (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-20-48

19b. MAJOR FINDINGS OF OPERATION: Carcinoma pancreas. Liver & omental Metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15, 1948, to 6-24, 1949, that I last saw the deceased alive on 6-21-, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. W. Peake M.D. 4508 Hanford Rd Balto. 14 Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6/25/49

NAME OF CEMETERY OR CREMATORY: St Patrick's Cem

LOCATION (City, town, or county) (State): Brockton Mass.

DATE REC'D BY LOCAL REG. 6/25/49

REGISTRAR'S SIGNATURE: A. M Bacon

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck 5305 Harford Rd

VS. A15

RECEIVED
JUN 27 1949
BUREAU Y. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BC

05489

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Register Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 10 S. Abington Avenue ✓

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) S. (Last) Matthews

4. DATE OF DEATH (Month) June 25, (Day) (Year) 1949

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH October 8, 1898

9. AGE last birthday 50 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY Balto. Leather Goods

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Storch

14. MOTHER'S MAIDEN NAME Elizabeth Scheifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. Joseph Matthews, 10 S. Abington Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma - Breast	3 yrs.
170 Antecedent cause(s)		
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1949, to June 24, 1949, that I last saw the deceased alive on June 24, 1949 and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Lawson-4-Md DATE SIGNED 6/25/49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 6/28/49
NAME OF CEMETERY OR CREMATORY Western Cemetery
LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 6/27/49
REGISTRAR'S SIGNATURE A. W. Hedzick
24. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul Street ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05490

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTO. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RIDERWOOD
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RIDERWOOD
STREET ADDRESS (If rural, give location): 2 TWIN MAPLE AVE.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	KAREN	ADINA	MAZE	June	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	SINGLE	6-12-44	5 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ROBERT ORRA MAZE
14. MOTHER'S MAIDEN NAME: VIOLA A.E. SHULTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: ROBERT ORRA MAZE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Lymphoid Leukemia — Interval Between Onset and Death: 6 weeks

204.0

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

740

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 47, 19..., to June 29, 19 49, that I last saw the deceased alive on June 29, 1949, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. O'Donnell M.D. 7301 York Rd. 6/29/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7-2-1949	TOWER HILL	TOWER HILL ILL.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/30/49	A. W. Hedrich	H.W. JENKINS & SONS CO.	4905 YORK RD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05491

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 443 Overbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 443 Overbrook Rd.

3. NAME OF DECEASED (Type or Print): (First) ELMER (Middle) BROADBENT (Last) McCAHAN Sr.

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 25, 1871

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): accountant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C. McCahan

14. MOTHER'S MAIDEN NAME: Ellinor V. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mr. E. B. McCahan, Jr. 443 Overbrook Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	1947
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	1945
	(c)	

422.1
932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1949, to June 26, 1949, that I last saw the deceased alive on June 26, 1949 and that death occurred at 11.05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Adam E. Brown M. D. 1663 W. North Ave. Balto. Md 6/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/29/49

NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 6/28/49

REGISTRAR'S SIGNATURE: A. W. Fedrick

24. FUNERAL DIRECTOR: WILLIAM J. TICKNER & SONS

ADDRESS: Balto., Md.

05492

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg, Md. — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) 5201 Kenwood Ave.

3. NAME OF DECEASED (Type or Print)	(First) MOLLIE	(Middle) M.	(Last) McCORMICK	4. DATE OF DEATH	(Month) June (Day) 15th, (Year) 1949
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 25, 1875	9. AGE last birthday 73 yrs.	If under 1 year Months 9 Days 20 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William H. Read		14. MOTHER'S MAIDEN NAME Julia Mason			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. H.C. McCormick			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Myocarditis (arteriosclerotic)	5 yrs
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis -	10 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1946, to June 14, 1949, that I last saw the deceased alive on June 15, 1949, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. T. Battaglia	M.D.	5829 Belair Rd.	June 15 1949

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 6/17/49	NAME OF CEMETERY OR CREMATORY Parkwood Mausoleum	LOCATION (City, town, or county) Baltimore,	(State) Md.
DATE REC'D BY LOCAL REG. June 16, 1949	REGISTRAR'S SIGNATURE Mrs A. L. Reifsnider	24. FUNERAL DIRECTOR Lassahn Funeral Home	ADDRESS 7401 Belair Rd.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUN 18 1949
BUREAU V. S.

Evidence for change of age is on:

FILM No. G 120 JUN 22 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05493

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural: Towson
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore city, 15
STREET ADDRESS (If rural give location): 3601 Oakmont Avenue

3. NAME OF DECEASED (Type or Print) (First): May (Middle): Y. (Last): Mentzel
4. DATE OF DEATH (Month) (Day) (Year): 6 - 10 (?) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: July 14, 1912
9. AGE last birthday: 36 ~~35~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scranton, Penn.
12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME: Thomas Errington
14. MOTHER'S MAIDEN NAME: Kate Leach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of left breast — 6 mo

170

Antecedent cause(s)

50

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: pulmonary TBc bilateral

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1942, to June 11, 1949, that I last saw the deceased alive on June 10, 1949, and that death occurred at 12.30 A.m., from the causes and on the date stated above.

SIGNATURE: Milton B. Kress — (Degree or title) M.D. — ADDRESS: Eudowood Sanatorium, Towson 4, Md. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/14/49 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Woodlawn Md.

DATE REC'D BY LOCAL REG.: 6/13/49 — REGISTRAR'S SIGNATURE: A. W. Heduch — 24. FUNERAL DIRECTOR: Wm Cook Inc. 1217 St. Paul St. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05494

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
MARYLAND
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ebenezer Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
STREET ADDRESS (If rural give location) Ebenezer Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARY E. MESSENGER

4. DATE OF DEATH (Month) (Day) (Year) June 4th 1949

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH May 25, 1883

9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harman Draayer

14. MOTHER'S MAIDEN NAME Theresa Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. John H. Messenger - husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy — Interval between onset and death: 1 day

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio Vascular — 2 yrs

(c) disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to June 4, 1949, that I last saw the deceased alive on June 4, 1949, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. W. Baumgardner Balto 6 Md 6-4-49

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE June 7, 1949

NAME OF CEMETERY OR CREMATORY Parkwood

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 6/6/49

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Lassahn Funeral Home

ADDRESS 7401 Belair Road

05495

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 mths. 27 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE --; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City 29
STREET ADDRESS (If rural give location) 176 S. Collins Avenue ✓

3. NAME OF DECEASED (First) John (Middle) (Last) Messimer
4. DATE OF DEATH (Month) 6 (Day) 12 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 5-4-1872
9. AGE last birthday 77 yrs.
If under 1 year: Months 1 Days 8
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic
10b. KIND OF BUSINESS OR INDUSTRY Transit Co.
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert Messimer
14. MOTHER'S MAIDEN NAME Sarah Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congastive heart failure	15 days
Antecedent cause(s) 422.1		
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last 93d	(b) Arteriosclerotic cardiovascular disease	indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) --
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY --
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) -- (Day) -- (Year) -- (Hour) -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16-49, 1949, to 6-12-49, 1949, that I last saw the deceased alive on 6-12-49, 1949, and that death occurred at 9 a.m. m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS Isadore Tuerk, M.D. Spring Grove State Hospital, Catonsville 28, Md. DATE SIGNED 6-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-15-49
NAME OF CEMETERY OR CREMATORY Cathedral
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 6/13/49
REGISTRAR'S SIGNATURE W E Harris
24. FUNERAL DIRECTOR George A. Farley ADDRESS Frederick & Shady Nook Ave

RECEIVED
JUN 16 1949
BUREAU P. S.

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05496

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md. — LENGTH OF STAY (in this place) 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp. Ft.Howard,Md.	STREET ADDRESS (If rural, give location) 1713 N. Mount St.

3. NAME OF DECEASED (Type or Print) (First) XXXXXXXX, (Middle) Marshall (Last) Milburne				4. DATE OF DEATH (Month) June (Day) 11 (Year) 1949	
5. SEX Male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH 11-29-95	9. AGE last birthday 53 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bakery		10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel Milburn			14. MOTHER'S MAIDEN NAME Caroline Addison		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-1		16. SOCIAL SECURITY NO. unknown	17. INFORMANT VEts. Adm. Hosp. Clinical Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
900.0 Immediate cause	(a) Crushing of cervical spinal cord	5 days
186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture 5th cervical vertebra	5 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Baltimore, Md. (City)	(COUNTY) (STATE)
TIME OF INJURY (Month) 6 (Day) 6 (Year) 49 (Hour) 1:P m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Fell backward down stairs.	

22. I hereby certify that I attended the deceased from ~~June 7, 1949~~ ~~June 11, 1949~~, that I last saw the deceased alive on ~~June 11, 1949~~, and that death occurred at 1:50 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M D Davis MD	Dept Med. Exam	Dundalk 22	6/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-15-49	NAME OF CEMETERY OR CREMATORY Balto.National Cemetery	LOCATION (City, town, or county) (State) 5501 Frederick Ave. Balto.Md.
DATE REC'D BY LOCAL REG. 6/13/49	REGISTRAR'S SIGNATURE A. W. [illegible]	24. FUNERAL DIRECTOR Thomas Kelson	ADDRESS 1303 N.Presstman St.Balto.Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05497

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 72 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 300 S. Oldham St.

3. NAME OF DECEASED (Type or Print): (First) STEVE (Middle) (Last) MITCHELL

4. DATE OF DEATH: (Month) June (Day) 22, (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-5-98

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rumania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stefan Mitchell

14. MOTHER'S MAIDEN NAME: Opritza Spulber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-I & WW-2

16. SOCIAL SECURITY NO.: 213-07-8195

17. INFORMANT: Clin.Rec. Vets. Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 **Immediate cause** (a) Carcinoma of left upper bronchus — Interval between onset and death: 18 Mos.

47c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11-, 1949, to 6-22-49, 1949, that I last saw the deceased alive on 6-22-, 1949, and that death occurred at 3:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. Manaugh
H.C. MANAUGH, M.D. Chief Pro. Ser. VAH, Ft.Howard, Md. 6-24-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 27 49 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: June 25 1949 — REGISTRAR'S SIGNATURE: R.W. [illegible]

24. FUNERAL DIRECTOR ADDRESS: Howard Blight, 6009 Harford Rd., Balto., Md

Howard N. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05498

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 28, Md.; LENGTH OF STAY (in this place): 6yr 4mo 23da; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson, Maryland; STREET ADDRESS (If rural give location): 3 Burke Avenue

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) M. (Last) Morris

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 4/22/1897

9. AGE last birthday: 52 yrs. If under 1 year: Months 1 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Archibald M. Bowen

14. MOTHER'S MAIDEN NAME: [illegible] McLaughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records, Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Lobar pneumonia, left lung	48 hours
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Adhesive Pericarditis	indefinite
	(c)	Scirrhus Metastasis carcinoma of right breast	14 months

170

50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29, 1944, to 6/21, 1949, that I last saw the deceased alive on 6/21/, 1949, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M. D., Catonsville 28, Maryland 6/21/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 6/23/49 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 6/22/49 | REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05499

Reg. Diat. No. 42

1. PLACE OF DEATH:
County Baltimore
City or town Landdowne
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto.
City or town Lansdowne
(If outside city or town limits, write RURAL and give nearest town)
Street No. 418 First Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John M. Munck

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Elizabeth A.
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Nov. 29- 1874

8. AGE: Years	Months	Days	If less than one day
74	5		...hrs. ...min.

8. Birthplace Baltimore Md. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name John Munck
13. Birthplace Md.

MOTHER
14. Maiden name unknown
15. Birthplace Md.

16. Informant Mrs Madaline Almany
Address 418 First Ave - Lansdowne.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6-49 (month) (day) (year)
Cemetery or crematory Western Cemetery
Location Baltimore Md.
18. Funeral director F. B. Weyhert & Son
Address 1700 Eutaw Place

19. 6-6 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1949, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 2 1949 to June 2 1949 and that I last saw h... alive on June 2 1949

Immediate cause of death	DURATION
Cardio-Vascular Renal	6 mos
Due to Arterio-Sclerosis	5 yr.
Due to 934	
Other conditions Ulcers legs.	2 mos.

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. L. Bale Jr, MD
M. D. or other
Address Linthicum Date signed 6/2/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Ball-
703 W. Maple Rd.
Lufthansa.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05500

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Balto Co — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 16 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 101 Inglesideave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville Md
STREET ADDRESS (If rural, give location): 101 Inglesideave

3. NAME OF DECEASED (Type or Print): (First) Hedwig (Middle) Anne (Last) Myers

4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	12/13/48	1 yrs.	5			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles W Myers	Mary Ellen Cusack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	Mary Ellen Myers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adeno Myo Sarcoma of Left Kidney	
	(c)	

180 520

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Metastases

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-21-48	Adeno myo Sarcoma L. Kidney	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10-10, 1948, to 6-2, 1948, that I last saw the deceased alive on 6-1, 1949, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James Stowell		Catonsville	6-3-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/4/49	London Park	Balto City

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/4/49	W E Harry	Edw S MacNabb & Son	

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

B-C 05501 44

Reg. Dist. No. 443

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place) 1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 137 N.Rose St. Balto. City COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Md.
STREET ADDRESS (If rural, give location) 137 N.Rose Street Balto. Md.

3. NAME OF DECEASED (Type or Print): (First) Katharina (Middle) (Last) Nelson

4. DATE OF DEATH: (Month) June (Day) 28/49 (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Dec.8,1863

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: -------Kloes

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr.John Eder,137 N.Rose St.Balto. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Broncho-pneumonia (Terminal) — Interval between onset and death: 1day

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular disease — 9years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10-47, 19..., to 6/28/, 19 49, that I last saw the deceased alive on 6/28/, 49, 19..., and that death occurred at 5.45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Benj. B. Moses M.D. 448 N. Luzerne Ave. 6/29/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 1,1949 — NAME OF CEMETERY OR CREMATORY: Schwartz's Cem — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 6/29/49 — REGISTRAR'S SIGNATURE: A.W. Hedrick — FUNERAL DIRECTOR: Phillips Howig Sons — ADDRESS: 2024 Orleans St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05502

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md.
LENGTH OF STAY (in this place) 61 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3406 Dolfield Avenue

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) S. (Last) PINCUS

4. DATE OF DEATH: (Month) 6 (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-11-78

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Watchman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Neihimiah Pincus

14. MOTHER'S MAIDEN NAME: Sarah Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) SAW

16. SOCIAL SECURITY NO. 704-03-0208

17. INFORMANT: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
92b

Immediate cause (a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, CARDIAC HYPERTROPHY AND DILATATION, RELATIVE MITRAL INSUFF-

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ICIENCY — Interval between onset and death: 2 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EMPHYSEMA — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1949, to June 2, 1949, that I last saw the deceased alive on June 2, 1949, and that death occurred at 10:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. Manaugh
H. C. MANAUGH, M. D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. 6-3-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 5, 1949

NAME OF CEMETERY OR CREMATORY: Bnai Israel Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/3/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Sol Levinson & Bros. ADDRESS: 1124-1126 W.North Ave Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05503
Reg. Dist. No. 38

1. PLACE OF DEATH:
County Baltimore
City or town Victory Villa
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
5 Victoria Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Victory Villa
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5 Victoria Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Cora Pittman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or ~~wife~~ Joseph C.
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) April 26, 1894

8. AGE: Years	Months	Days	If less than one day
55	1	25	..... hrs. ..... min.

8. Birthplace Dayton Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Wm F. Bergman
13. Birthplace Maryland
MOTHER
14. Maiden name Judith Brown
15. Birthplace Maryland.
16. Informant Joseph C. Pittman
Address 5 Victoria Ave Victory Villa
17. Removed Date thereof 6/22/49
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Wards Chapel
Location Crewe, Virginia
18. Funeral director Wm Cook Inc.
Address 1217 St Paul St.
19. 6/22 19 49 (Date rec'd by registrar) A.W. Hedrick Dr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1949 at 3 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 6 1949 to June 21 1949
and that I last saw her alive on June 21 1949
Immediate cause of death Cancer of Gall Bladder with Biliary Obstruction
Due to
Due to 155 46P
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations Cancer of the Gall Bladder
Date of op. Feb 1949
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Irving R Beck M D
M. D. or other
Address 901 Fuselage Av Baltimore 20 Md
Date signed 6/22/49

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VS A15 9-[illegible]5M
I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05504

CERTIFICATE OF DEATH

Reg. Dist. No. 34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasant Grove; LENGTH OF STAY (In this place) 60 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasant Grove; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) MATILDA (Middle) A (Last) PITTS

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 30 1875

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Bell.

14. MOTHER'S MAIDEN NAME: Ruth Ann Tawney.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Ida Knight

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? None Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-1-30, 19 10, to 6-2-, 1949, that I last saw the deceased alive on 6-2-, 1949, and that death occurred at 6 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James G. Gaffell M.D. ADDRESS Reisterstown Md. DATE SIGNED 6-3-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-5-49

NAME OF CEMETERY OR CREMATORY: Pleasant Grove

LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG. 6-3-49

REGISTRAR'S SIGNATURE: Clary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: Edw A Tipton - Hampstead Md

RECEIVED
JUN 7 1949
BUREAU V. S.

Evidence for #18 II shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05505

CERTIFICATE OF DEATH

Reg. Dist. No. 32

FILM No. G 121 JUL 22 1949

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt.Wilson; LENGTH OF STAY (in this place) 3 mos.7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Heights; STREET ADDRESS (If rural, give location) Old Furnace Road

3. NAME OF DECEASED (Type or Print): (First) Loulie (Middle) M. (Last) Pitzinger

4. DATE OF DEATH: (Month) (Day) (Year) June 30, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/11/1880

9. AGE last birthday: 68 yrs. If under 1 year: Months 10 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Stafford Co., Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Marshall

14. MOTHER'S MAIDEN NAME: Elizabeth Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Loulie M. Pitzinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auricular fibrillation

410 Antecedent cause(s)

928 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Regurgitation

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None (7/21/49 - 9.5)

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/23/, 1949, to 6/30, 1949, that I last saw the deceased alive on 6/30, 1949, and that death occurred at 10:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stewart S Shaffer M.D. Supt. Mt.Wilson, Md. 6/30/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 7/4/49

NAME OF CEMETERY OR CREMATORY: Melville M.E. Cem.

LOCATION (City, town, or county) (State): Elkridge, Md.

DATE REC'D BY LOCAL REG. 6/30/49

REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR ADDRESS: John J. Cowan & Son, 901 Holland St. Balto., Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 8 1949
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05506

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite — LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hernwood + old Court Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
STREET ADDRESS (If rural, give location) Hernwood + old Court Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ernest	Enoch	Platt	June	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	12-22-04	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
asst Engineer	Goucher College	Cass W Va	USA

13. FATHER'S NAME James R Platt

14. MOTHER'S MAIDEN NAME Vesa Shifflett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	no	Blanche C Platt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
971.8 **Immediate cause**	(a) Swallowing	
1639 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Potassium Cyanide crystals	
	(c) suicide	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Sm. Kieffer Jr M.D.	Cap Med	1010 Lenda Dr	June 14-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 15 49	Good Shepherd	Ellicott City Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 16 49	C. Sm. Kieffer	Easton Sons	Catonsville Md.

VS. A15A

RECEIVED
JUN 17 1949
BUREAU V. S.

Evidence for addition of #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05507

CERTIFICATE OF DEATH

FILM No. G 121 JUL 22 1949

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville & North Bend Rd.
STREET ADDRESS (If rural, give location) Edmondson Ave

3. NAME OF DECEASED (Type or Print) (First) SARA (Middle) M. (Last) POOL

4. DATE OF DEATH (Month) 6 (Day) 25 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH about 1862

9. AGE last birthday 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unk.

14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Chr. Myocarditis	unknown
903.0	Antecedent cause(s)	(b) Hypertension	unknown
186a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Fracture - Head of the femur	1/13/49

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Catonsville (COUNTY) Md. (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 1/13/49 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Tripped over rug in bathroom & fell & floor. (7/21/49 - A.S.)

22. I hereby certify that I attended the deceased from Sept. 7, 1949, to June 25, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 7 9 m., from the causes and on the date stated above.

SIGNATURE R. M. Henning (Degree or title) M. D. ADDRESS 203 Wyleside Ave Catonsville 28 - Md DATE SIGNED 6/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 6-27-49
NAME OF CEMETERY OR CREMATORY Mt. Hope
LOCATION (City, town, or county) Rochester, (State) N.Y.

DATE REC'D BY LOCAL REG. 6/26/49
REGISTRAR'S SIGNATURE V. E. Harris

24. FUNERAL DIRECTOR George A Forbes ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1949
BUREAU V. S.

Evidence for change in age is on:

FILM No. G 120 JUN 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05508

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm P.O. LENGTH OF STAY (in this place): HOSPITAL OR INSTITUTION OR STREET ADDRESS: Manor Rd., near Glen Arm Rd.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm P.O. STREET ADDRESS (If rural, give location): Manor Rd., near Glen Arm Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK		POPP	July	8,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	July 19, 1869	~~81~~ 79 yrs.	8	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General	Balto. Co., Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jhon Popp	Mary Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. Adam Popp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Sigmoid Colon	4 Mos
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

153
46 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/29, 1949, to 6/8, 1949, that I last saw the deceased alive on 6/7, 1949, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Clifford F. Hudson, M.D.	Fork, Md.	6/9/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 10, 1949	Providence Meth. Cem.	Providence, Balto. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6/10/49	[illegible] Hedrick	John Burns' Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

05509

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 509 Academy Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 509 Academy Rd.

3. NAME OF DECEASED (Type or Print) (First) FRANCES (Middle) MELANIA (Last) PREIL

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1949

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Dec. 10, 1873

9. AGE last birthday 75 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Bernard Heinicke

14. MOTHER'S MAIDEN NAME Margretha Emerich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -

17. INFORMANT Mr. Rudolph E. Preil 3206 Batavia Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Acute Cardiac Dilitation — 2 days

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1st, 1949, to June 19, 1949, that I last saw the deceased alive on June 19, 1949, and that death occurred at 12.30 AM June 20 m., from the causes and on the date stated above.

SIGNATURE Henry Glassman (Degree or title) ADDRESS 753 W. Fayette St DATE SIGNED June 22 49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation — DATE THEREOF 6/23/49 — NAME OF CEMETERY OR CREMATORY Greenmount Cem. — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 6/22/49 — REGISTRAR'S SIGNATURE Helen Hedrick

24. FUNERAL DIRECTOR WM. J. TICKNER & SONS — ADDRESS Balto., Md.

Dr

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05518

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt.Wilson
LENGTH OF STAY (in this place) 5 mos.,8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporete limits, write RURAL end give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1701 Hilton St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank	H.	Price	June 29, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	8/2/1900	48 yrs.	9	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk		Trappe, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred A. Price	Gertrude Work

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	213-09-1336	Frank H. Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002

Immediate cause (a) Pulmonary Tuberculosis — 9 mos.

13b

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No Operation		Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, ferm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/21/49 19..... to 6/29/49, 19....., that I last saw the deceased alive on 6/29, 1949, and that death occurred at 1:40 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stewart S Shaffer M D.	Mt.Wilson, Md.	6/29/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/1/49	Woodlawn Cemetery	Woodlawn, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/29/49	Helen R. Mayer	G.Howard Strong,	3207 W.North Ave. Balto., Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 2 1949
BUREAU V. S.

Evidence for change of mother's maiden name shown on Film G120 6/24/49 dm. Hospital Record.

05511

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard
LENGTH OF STAY (in this place) 174 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 1307 S. Ponca Street

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) M. (Last) PRUNN
4. DATE OF DEATH (Month) June (Day) 18th (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-9-14
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert Prunn
14. MOTHER'S MAIDEN NAME ~~Mary Bassford~~ Sophie Martens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY NO. 215-09-0351
17. INFORMANT Clin.Rec.Vets.Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 Immediate cause (a) CEREBRAL INFARCTS LEFT — INTERVAL BETWEEN ONSET AND DEATH: Unknown

83b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 1948, to 6/18, 1949, that I last saw the deceased alive on 6/18, 1949, and that death occurred at 5:55 P.m., from the causes and on the date stated above.

SIGNATURE Paul O. Anderson (Degree or title) ADDRESS DATE SIGNED
P. O. ANDERSON, M.D. VAH, FORT HOWARD, MARYLAND 6/19/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 6/22/49
NAME OF CEMETERY OR CREMATORY OAKLAWN CEMT.
LOCATION (City, town, or county) (State) 7225 EASTERN AVE.
DATE REC'D BY LOCAL REG. 6/20/49
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Clarence F. Hoffman ADDRESS 1639 N. Broadway, Balto. Md.

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VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 115512

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Villa Nova; LENGTH OF STAY (in this place) 2 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Poff Nursing Home, Essex Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodstock; STREET ADDRESS (If rural give location) Old Court Road

3. NAME OF DECEASED (Type or Print): (First) Pena (Middle) E. (Last) Robier

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 10/17/85

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Marcellus Wright

14. MOTHER'S MAIDEN NAME: Minerva Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Marcellus Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

447 **Immediate cause** (a) Cheyne Stokes respiration

1310 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Interstitial nephritis (chronic)

(c) Arterial sclerosis & hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to 6/19/..., 1949, that I last saw the deceased alive on 6/19/..., 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin MD Randallstown Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 6/22/49 | NAME OF CEMETERY OR CREMATORY: Freedom South Church | LOCATION (City, town, or county) (State): Eldersburg, Md

DATE REC'D BY LOCAL REG. 6/19/49 | REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR: Harry H. Nitzke | ADDRESS: 4101 Edmondson Ave Baltimore, Md

RECEIVED
JUL 2 1949
BUREAU T. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05513

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 150 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location): 1629 W. Pratt Street

3. NAME OF DECEASED (Type or Print)	(First) LOUIS	(Middle) –	(Last) SAHLMAN	4. DATE OF DEATH	(Month) June	(Day) 10	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 3-2-1889	9. AGE last birthday: 60 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: August Sahlman	14. MOTHER'S MAIDEN NAME: Margaret Schaeffer						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: 212-05-9131	17. INFORMANT: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
451 Immediate cause	(a) Dissecting aneurysm of 1st part of arch of aorta	6 hrs.
30d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) unknown	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11, 1949, to 6-10, 1949, that I last saw the deceased alive on 6-10, 1949, and that death occurred at 5:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. C. Newnam, M.D.	VAH FT. Howard, Md.	[illegible]-11-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 6/14/49	NAME OF CEMETERY OR CREMATORY: Baltimore National	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG: 6-13-49	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: George L.Beyer,Jr.	ADDRESS: 1512 Hollins St.Balto.Md.

05514

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivory Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) Babikow Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CHARLES SCHISSLER

4. DATE OF DEATH (Month) (Day) (Year) June 2nd 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Jan. 3, 1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist helper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Conrad Schissler
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mr. Harry Babikow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Carcinomatosis	3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of Prostate	3 yrs
	(c)	

177
51 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 1947
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE) None
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from March, 1947, to May, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 8:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph P. Crehan, M.D.

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF June 5, 1949
NAME OF CEMETERY OR CREMATORY Zion Lutheran
LOCATION (City, town, or county) (State) Stemmers Run, Md.

DATE REC'D BY LOCAL REG. 6/3/49
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

88

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05515

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney, Md. LENGTH OF STAY (in this place) 75 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carney, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3024 Putty Hill Ave.	STREET ADDRESS (If rural give location) 3024 Putty Hill Ave.

3. NAME OF DECEASED (Type or Print)	(First) AMELIA	(Middle)	(Last) SCHNEIDER	4. DATE OF DEATH	(Month) June	(Day) 25th	(Year) 1949
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Apr. 28th, 1874	9. AGE last birthday 75 yrs.	If under 1 year Months 1	Days 27	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME John Henry Miller		14. MOTHER'S MAIDEN NAME Mary A Maglidt					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Marie Nickles					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes Mellitus — Known 7 years

260

Antecedent cause(s)

61

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) in diabetic coma

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerosis

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to June 25, 1949, that I last saw the deceased alive on June 24, 1949, and that death occurred at 11:55 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. V. Harbold	M.D.	4706 Harford Road Baltimore Md	6/27/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	6/28/49	St. Johns Lutheran	Parkville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 27	Mrs. A. L. Reifsnider	Lassahn Funeral Home	7401 Belair Rd

RECEIVED
JUL 2 1949
BUREAU V. S.

05516

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (In this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Sue Grove Rd.,Box 255 A Rt#13

3. NAME OF DECEASED (Type or Print) (First) LEONARD (Middle) H. (Last) SEIDLICH
4. DATE OF DEATH (Month) June (Day) 21 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-31-89
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer
10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs.
11. BIRTHPLACE (State or foreign country) Woodlawn, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frederick Seidlich
14. MOTHER'S MAIDEN NAME Catherine (M.N. Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Infarction of left ventricle of heart	Unknown
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombosis of coronary artery	Unknown
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-16-, 1949, to 6-21-, 1949, that I last saw the deceased alive on 6-21-, 1949, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE H.C. Manaugh. (Degree or title) ADDRESS DATE SIGNED
H.C. MANAUGH, M.D. Chief Pro. Ser. VAH, Fort Howard, Md. 6-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 24, 49
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/23/49
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Howard Blight, 6009 Harford Rd., Balto., Md. ADDRESS
Howard N. Blight, Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

015517

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; LENGTH OF STAY (In this place): 26 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 103 E. Hamburg Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	W.	SEWARD	6	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	7-13-93	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ice delivery man		Maryland	

13. FATHER'S NAME: John Seward

14. MOTHER'S MAIDEN NAME: Theda Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY TUBERCULOSIS, BILATERAL, FAR ADVANCED	5 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) EMPHYSEMA, PULMONARY, IDIOPATHIC	Unknown
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 2, 1949, to June 29, 1949, that I last saw the deceased alive on June 29, 1949, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Milton Ginsberg MILTON GINSBERG, M. D.	VAH, FORT HOWARD, MARYLAND	6-29-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 1 1949	Baltimore National Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR'S REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/30/49	A. W. Hedrick	A. Howard Evans	1400-1402 S. Charles St. Baltimore, Maryland

A. Howard Evans

VS. A15

Seward, on June 29, 1949 -, Robert W.,
of 128 E. Forney St - beloved husband
of the late Edna Seward (nee Seymoure)
Services in the Ar Hammond Evans F.H.
14005. Charles St - (notice Later)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05518

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 1 mo., 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson Branch, Md.T.B. Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 7802 Bagley Ave.

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) N. (Last) Shaeffer
4. DATE OF DEATH (Month) June (Day) 19, (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8/1/01
9. AGE last birthday 47 yrs. If under 1 year Months 10 Days 18 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Girdletree, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Shrieves
14. MOTHER'S MAIDEN NAME Addie Hurley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 215-01-4721
17. INFORMANT Helen N. Shaeffer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — 9 mos.

13b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1949, to 6/19, 1949, that I last saw the deceased alive on 6/19, 1949 and that death occurred at 4:50 P. m., from the causes and on the date stated above.

SIGNATURE Stewart S Shaffer (Degree or title) M.D. ADDRESS Mt.Wilson, Md. DATE SIGNED 6/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/22/49
NAME OF CEMETERY OR CREMATORY Moreland Memorial Pk.
LOCATION (City, town, or county) (State) Taylor Ave., Balto.Co., Md.

DATE REC'D BY LOCAL REG. 6/19/49
REGISTRAR'S SIGNATURE Helen R. Mayer
24. FUNERAL DIRECTOR Burgee Fun.Home, 2631 Falls Rd., Balto. ADDRESS

6-21-49 Dr E E Nichols Burnes

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

05519

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PROTIA	ANN	SHEPPARD	June	30	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	widow	July 25, 1854	94 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
home		Uniontown, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Gilbert	Sarah G. Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
-	-	Mrs. G. B. Cecil Lutherville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 12 hrs.

444 Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension + Vascular Heart Disease, Uncle

(c) Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug, 1945, to June 30, 1949, that I last saw the deceased alive on June 29, 1949, and that death occurred at 7 55 A.m., from the causes and on the date stated above.

SIGNATURE: Bennett A. Stacy (Degree or title) — ADDRESS: Lutherville — DATE SIGNED: June 30 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/2/49	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/30/49	A. W. Hedrick	WM. J. TICKNER & SONS	Balto., Md.

DS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05520

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ba Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River.
STREET ADDRESS (If rural, give location) 1623 Gail Rd.

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) Lloyd (Last) Smith.
4. DATE OF DEATH (Month) June (Day) 14, (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married.
8. DATE OF BIRTH Feb 14, 1888
9. AGE last birthday 61 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired operator
10b. KIND OF BUSINESS OR INDUSTRY Balto Transit.
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John R. Smith
14. MOTHER'S MAIDEN NAME Sarah V. Gates.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. 213-10-0959
17. INFORMANT Goldie Smith 1623 Gail Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

Antecedent cause(s) (b) Coronary Sclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/14, 1949, to 6/14, 1949, that I last saw the deceased alive on 6/14, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE A Louis Kolodny (Degree or title) MD ADDRESS 45 Edgewater apts Balt. 21 DATE SIGNED 6/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 6/17/49 NAME OF CEMETERY OR CREMATORY Parkwood LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 6/14/49 REGISTRAR'S SIGNATURE Henry Ausse
24. FUNERAL DIRECTOR Paul E. Chenoweth ADDRESS 3615-17 Chestnut Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 16 1919
BUREAU V. S.

05521

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosedale — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7419 Brightside Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosedale
STREET ADDRESS (If rural, give location): 7419 Brightside Ave

3. NAME OF DECEASED (Type or Print): (First) Hollus (Middle) Irene (Last) Smith

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 5 1868
9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll Co Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William G Shaffer
14. MOTHER'S MAIDEN NAME: Sarah Dixler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Florence Boston, 7419 Brightside Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 12 hrs

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Cardio-Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1949, to June 26, 1949, that I last saw the deceased alive on June 26, 1949, and that death occurred at 8.30 P m., from the causes and on the date stated above.

SIGNATURE: Geo M. Baumgardner (Degree or title) MD — ADDRESS: Balto 6 Md — DATE SIGNED: 6-26-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/29/49 — NAME OF CEMETERY OR CREMATORY: Moreland Park — LOCATION (City, town, or county): Baltimore Co Md (State)

DATE REC'D BY LOCAL REG.: 6/28/49 — REGISTRAR'S SIGNATURE: A.W. Hedrick — 24. FUNERAL DIRECTOR: William Cook Inc — ADDRESS: 1217 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05522

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Zone 19- MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7601 Iroquois Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.
STREET ADDRESS (If rural give location) Same as # 1.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) FIDEN (Last) SMITH.

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 3/15/76 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter foreman | 10b. KIND OF BUSINESS OR INDUSTRY: Ship building | 11. BIRTHPLACE (State or foreign country): Oriole. Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levin Smith. | 14. MOTHER'S MAIDEN NAME: x DORMAN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 216-10-4127 | 17. INFORMANT: Melvin Smith - Son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — 1/2 hour.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis. — 10 yrs.
(c) Hypertensive Cardio Vascular Disease — 12 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 38, to June 22, 19 49, that I last saw the deceased alive on June 21, 19 49, and that death occurred at 3:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis N. Tallin M.D. 6908 North Pt Rd Balto-19-Md. 6/22/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: June 24, 1949 | NAME OF CEMETERY OR ~~CREMATORY~~: Baltimore | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECD BY LOCAL REG. 6-24-49 | REGISTRAR'S SIGNATURE: A. O. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Roland L. Fiehler, Dundalk, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05523

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Maxwell Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Victory Villa; STREET ADDRESS (If rural, give location) 12 Maxwell Road

3. NAME OF DECEASED (Type or Print): (First) THORNTON (Middle) C. (Last) SNIDER

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Jan. 27, 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handy man

10b. KIND OF BUSINESS OR INDUSTRY: Tourist Camp

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Snider

14. MOTHER'S MAIDEN NAME: Sallie Picking

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 362 18 7368

17. INFORMANT: Harold Snider, 12 Maxwell Road, Victory Villa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157 469

Immediate cause (a) Carcinoma of Pancreas — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last

(b) Terminal Carcinomatosis Liver — 1 yr

(c) Myocardial Insuff — 2 mo

II. OTHER SIGNIFICANT CONDITIONS Conditioos contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 3/49

19b. MAJOR FINDINGS OF OPERATION: Cancer of Pancreas

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1949, to June 27 1949, that I last saw the deceased alive on June 26, 1949, and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. R. Brumbaugh Elkridge, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/30/49 — NAME OF CEMETERY OR CREMATORY: Meadow Ridge Memorial — LOCATION (City, town, or county) (State): Dorsey, Md.

DATE REC'D BY LOCAL REG. 6/29/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: William Cook, Inc., 1216 St. Paul St. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05524

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 LEEWAY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK; STREET ADDRESS (If rural, give location) 11 LEEWAY

3. NAME OF DECEASED (Type or Print): (First) LAWRENCE (Middle) (Last) SOTH

4. DATE OF DEATH: (Month) JUNE (Day) 28 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 11/30/1890

9. AGE last birthday: 58 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRIMMING MACH. OP.

10b. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL

11. BIRTHPLACE (State or foreign country): BALTO. Co MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HENRY SOTH

14. MOTHER'S MAIDEN NAME: MOLLIE SIPPLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: EMMA ELIZ. SOTH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cor Pulmonale — Interval Between Onset and Death: about 1 year

502.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

106 b

(b) Chronic Bronchitis — 1½ yrs (?)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1949, to 6/28, 1949, that I last saw the deceased alive on 6/28, 1949, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: Louis J. Kroll (Degree or title): MD ADDRESS: 1801 Eastern Pl. DATE SIGNED: 6/29/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE: JUL 4, 1949 NAME OF CEMETERY OR CREMATORY: MORELAND MEMPK LOCATION (City, town, or county) (State): BALTO. Co. MD.

DATE REC'D BY LOCAL REG. 7/1/49 REGISTRAR'S SIGNATURE: a. W. Hedrich

24. FUNERAL DIRECTOR: Roland F. Fisher ADDRESS: DUNDALK, Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05525

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 1408 Second Road

3. NAME OF DECEASED (Type or Print): (First) Elizabeth M. (Middle) (Last) Sparks

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 16, 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): London, England

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Caldwell

14. MOTHER'S MAIDEN NAME: Letitia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: F. Ena Willison, 1408 Second Ave., Mid.Riv., Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156 Immediate cause (a) Carcinoma Liver — 6 mo. -

46 f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1949, to June 1, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 8:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton B. Kreas M.D. ADDRESS Medical Arts Bldg., Balto. 1, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 6/4/49
NAME OF CEMETERY OR CREMATORY: Riverside
LOCATION (City, town, or county) (State): Whitney Point, New York

DATE REC'D BY LOCAL REG. 6/3/49
REGISTRAR'S SIGNATURE: C. W. Hedrick

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. - 1900 Eutaw Place ADDRESS: Baltimore, Md.
Mitchell
Kreas

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05526

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bird River Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) Bird River Road

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) (Last) Staten

4. DATE OF DEATH: (Month) June (Day) 17, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: B

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 2, 1894

9. AGE last birthday: 55 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: FArm

11. BIRTHPLACE (State or foreign country): Middle River, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jerry Staten

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: William Epps, Middle River

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lues

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 47, to June 17 49, that I last saw the deceased alive on June 17, 1949, and that death occurred at 12:05 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. A. Jacobs M.D. 617 North Point Road 6/18/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 20, 1949 | NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery | LOCATION (City, town, or county) (State): A.A.County, Maryland

DATE REC'D BY LOCAL REG. 6/20/49 | REGISTRAR'S SIGNATURE: A.W. Hedrich, D.M. | 24. FUNERAL DIRECTOR ADDRESS: Mrs. Robt.A.Elliott & Daughter- 1129 N. Caroline St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6/24/49

VS. A15

RECEIVED
JUN 25 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05527

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 7 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Dist Insane Nursing Home; STREET ADDRESS (If rural, give location) Catonsville

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Stuhmann (Last)

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH June 4 1859

9. AGE last birthday 90 yrs. If under 1 year: Months; Days 20; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Martin Engelbrecht

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Record of Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

443 **Immediate cause** (a) Cardiac failure

932 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Hypertension Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo Stuckiefler M.D. deputized for Dr Dan Balto 101 Leeds ave 6-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF June 26/1949; NAME OF CEMETERY OR CREMATORY Parkwood; LOCATION (City, town, or county) (State) Parkville Md

DATE REC'D BY LOCAL REG. 6/27/49; REGISTRAR'S SIGNATURE A. W. Hegwich

24. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2005 Orleans St

98

MARYLAND STATE DEPARTMENT OF HEALTH

05528

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosedale; LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: B/H
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 8219 Old Philadelphia Road

3. NAME OF DECEASED (Type or Print): (First) ANNA SVEC (Middle) (Last)

4. DATE OF DEATH: (Month) June (Day) 14, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 25, 1881

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Beranek

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Frank Svec, 8219 Old Phila. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Cerebral Hemorrhage (Apoplexy) — 1 day

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vas Renal Disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1947, to 6/14, 1949, that I last saw the deceased alive on 6/14, 1949, and that death occurred at 12 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph Pokorny M.D. 2200 E Madison St 6/15/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/18/49

NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

LOCATION (City, town, or county) (State): Horner's Lane, Balto. Md.

DATE REC'D BY LOCAL REG.: 6/17/49

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

Evidence for addition of #21 is shown on:

FILM No. G 121 JUL 28 1949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05529

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson Lock Raven
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14
STREET ADDRESS (If rural, give location) 2122 Corbin Rd.

3. NAME OF DECEASED (Type or Print) (First) Philip (Middle) Chickering (Last) Swett
4. DATE OF DEATH (Month) June (Day) 23 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 16, 1933
9. AGE last birthday 16 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Gloucester Mass
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Philip Wm. Swett
14. MOTHER'S MAIDEN NAME Lillian C. Powers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mr. P. W. Swett - 2122 Corbin Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.4 Immediate cause (a) Asphyxiation by drowning, accidental — INTERVAL BETWEEN ONSET AND DEATH: Sudden

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Reservoir
(CITY OR TOWN) Lock Raven (COUNTY) Balto Co. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 6/23/49 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Swimming in Lock Raven Reservoir (7/28/49 - a.s.)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Collin C. Hudson (Degree or title) M.D. D.M.E. ADDRESS Towson 4, Md DATE SIGNED 6/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-27-49
NAME OF CEMETERY OR CREMATORY Oak Grove
LOCATION (City, town, or county) Gloucester, Mass. (State)
DATE REC'D BY LOCAL REG. 6/24/49
REGISTRAR'S SIGNATURE H. W. Hedrick Jr.
24. FUNERAL DIRECTOR Leonard J. Ruck - 5305 Harford Rd ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05530

CERTIFICATE OF DEATH

Reg. Dist. No. XX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 37 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 675 Sarah Ann Street

3. NAME OF DECEASED (Type or Print): (First) ROLLINS (Middle) - (Last) TATES

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-11-1877

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Emma Durane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): PI

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Clin.Rec.Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
P5 Immediate cause	(a) Neurocytoma of left adrenal with metastasis	Unknown
55a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11-, 1949, to 6-17, 1949, that I last saw the deceased alive on 6-17, 1949, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Hugh McCulloch Jr. M. D.

ADDRESS: VAH, Ft.Howard, Md.

DATE SIGNED: 6-18-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-22-49

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6/20/49

REGISTRAR'S SIGNATURE: A. W. Wedrich

24. FUNERAL DIRECTOR: Mrs.Samuel T.Hemsley ADDRESS: 578 W.Biddle St.Balto.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

05531

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 49

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 526 N. Robinson Street

3. NAME OF DECEASED (Type or Print) (First) EARL (Middle) J. Therres (Last) ~~Therres~~
4. DATE OF DEATH (Month) June (Day) 7 (Year) 1949

5. SEX M
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH June 6, 1930
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John B. Therres
14. MOTHER'S MAIDEN NAME Mary E. Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John B. Therres, 526 N. Robinson St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.4 Immediate cause (a) DROWNING

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION NONE
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY PUBLIC PLACE (CITY OR TOWN) Essex (Back River) (COUNTY) Balto (STATE) Md -
TIME OF INJURY (Month) 6 (Day) 5 (Year) 49 (Hour) 4 20 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? WAS SWIMMING FROM RAFT TO SHORE

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ therean and from the evidence obtained by said ~~Autopsy, Inspection or~~ Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M B Davis MD - (Degree or title) Dep. Med. Exam - ADDRESS Dundalk - 22 - Md DATE SIGNED 6/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/9/49
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) (State) 4430 Belair Rd. Baltimore, Md.

DATE REC'D BY LOCAL REG. 6-8-49
REGISTRAR'S SIGNATURE C
24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. ADDRESS 2601-3-5 E. Madison Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

05532

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Sherwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 11 Sherwood ave.

3. NAME OF DECEASED (Type or Print) (First) Rebbecca (Middle) Stimeling (Last) Lyter Tracey

4. DATE OF DEATH (Month) 6 (Day) 27 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH May 27-1867
9. AGE last birthday 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Mifflenton Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel C. Stimeling
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Grover Cleveland Tracey

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Thrombosis - ~~[illegible]~~	1 hr.
420.1 Antecedent cause(s)			
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Art. Sclerosis - Chronic Myocarditis	5 yrs.
	(c)		

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1945, to June 27th, 1949, that I last saw the deceased alive on June 27th, 1949, and that death occurred at 6.45 P.m., from the causes and on the date stated above.

SIGNATURE James A. Miller Jr. (Degree or title) ADDRESS Pikesville - 8, Md. DATE SIGNED 6/28/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/30/49
NAME OF CEMETERY OR CREMATORY Paxtang
LOCATION (City, town, or county) Harrisburg Pa. (State)

DATE REC'D BY LOCAL REG. 6-28-49
REGISTRAR'S SIGNATURE Dr E E Nichols mw
24. FUNERAL DIRECTOR Frank H. Newell ADDRESS Pikesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05533

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Baltimore

City or town: Dundalk 27 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months

Hospital, institution, or street address where death occurred: 736 Peach Orchard Lane

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: .....

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 1018 Bennett Place (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: MARY JANE TURNER

3. (b) Social Security Number:

4. Sex: F

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Separated

6.(b) Name of husband or wife: William Turner

6.(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): March 12, 1884

8. AGE: Years: 65 yrs. Months: 3 Days: 3 If less than one day: ..... hrs. ..... min.

9. Birthplace: Eastern Shore, Va. (Town, county, and state)

10. Usual occupation: Laundress

11. Industry or business: —

FATHER
12. Name: Samuel Bivens
13. Birthplace: Eastern Shore, Va.

MOTHER
14. Maiden name: Eliza ?
15. Birthplace: Eastern Shore, Va.

16. Informant: Mrs. Mary Elizabeth McGuire

Address: 736 Peach Orchard Lane

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6-18-49 (month) (day) (year)

Cemetery or crematory: Mt Auburn Cem

Location: Balto. Md

18. Funeral director: Mrs Katie R Williams

Address: 322 N. Schroeder St.

19. 6/17 1949 (Date rec'd by registrar) Arw Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15, 1949, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1949 June 15, 1949 and that I last saw her alive on June 14, 1949

Immediate cause of death: Cerebral Hemorrhage — DURATION: 5 mins

Hypertensive Heart Disease — 2 yrs.

Due to: Diabetes mellitus — indefinite

Due to: 260

Other conditions: 61 (Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: William C. Wade, M.D. (M. D. or other)

Address: 140 Oakore Date signed: 6-15-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

3

5

05534

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 LENGTH OF STAY (in this place) 29
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2630 Liberty Pky.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Frances (Last) Usher.
4. DATE OF DEATH (Month) June (Day) 26 (Year) 49
5. SEX Female
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept 21/1890
9. AGE last birthday 58 yrs. If under 1 year Months 7 Days 5 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hope
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Middletown Ohio.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. F. Barnett.
14. MOTHER'S MAIDEN NAME Anna J. Barnett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT John F. Usher.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Immediate

94 a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Dundalk (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 26 1940 1:30 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? No injury.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J M Carmine (Degree or title) M.D. ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 6/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/30 49
NAME OF CEMETERY OR CREMATORY Moreland Memorial
LOCATION (City, town, or county) Taylor Ave. (State) Md.
DATE REC'D BY LOCAL REG. 6/29/49
REGISTRAR'S SIGNATURE A. W. Heduck
24. FUNERAL DIRECTOR John D Connelly. ADDRESS Essex 21, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

05535

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315 E Joppa Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 315 E Joppa Road

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) Allison (Last) Vail

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1949

5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 11 1877
9. AGE last birthday 71 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Balto. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James L. Allison Jr
14. MOTHER'S MAIDEN NAME Margaretta Lee Beans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT William Haviland Vail

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition (b) Cerebral Vascular accident in Sept '48 Paralysis of throat — INTERVAL BETWEEN ONSET AND DEATH 4 Months

442 Antecedent cause(s) (c) Hypertensive Cardio-Renal — 9 Months

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Vascular Disease — 15 Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to June, 1949, that I last saw the deceased alive on June 16, 1949, and that death occurred at 12 15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles F O'Donnell MD
ADDRESS 7301 York Rd Towson
DATE SIGNED 6/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 20/49
NAME OF CEMETERY OR CREMATORY Lorraine Cem.
LOCATION (City, town, or county) Balto. Co. (State) Md

DATE REC'D BY LOCAL REG. 6/20/49
REGISTRAR'S SIGNATURE A.W. Hedrick Dm
24. FUNERAL DIRECTOR Henry W. Jenkins & Sons Co
ADDRESS 4905 York Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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Chas F
O'Donnell
7301 York Rd
Tow 3161

05536

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) 6 yr 8 mo 18 dy
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson, 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 609 Frederick Road.

3. NAME OF DECEASED (Type or Print) (First) Bernard (Middle) Marion (Last) Wagner

4. DATE OF DEATH (Month) June (Day) 6 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH December 6, 1871
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Libertytown, Maryland
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME Joseph L. Wagner
14. MOTHER'S MAIDEN NAME Margaret Wright.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Personal History- Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
10a Immediate cause	(a) Pulmonary Tuberculosis	7 yr
13b Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1942, to June 6, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 4:50 A.m., from the causes and on the date stated above.

SIGNATURE Milton B. Kress (Degree or title) M.D. ADDRESS Eudowood Sanatorium, Towson 4, Md. DATE SIGNED

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial
DATE June 9, 1949
NAME OF CEMETERY OR ~~CREMATORY~~ St. Peters
LOCATION (City, town, or county) Libertytown, (State) Md.

DATE REC'D BY LOCAL REG. June 8/49
REGISTRAR'S SIGNATURE M. Carroll Lam Hom Deputy Local
24. FUNERAL DIRECTOR Powell & Hartzler, ADDRESS Woodsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 1949
BUREAU V. S.

CORRECTION ON AGE UNAUTHORIZED
NO ONE SEEMS TO
KNOW ABOUT IT
SO FAR AS WE KNOW - WE DIDN'T
DO IT - NOPE.
6-9-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

DC 105537

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Please write plainly, with unfading ink. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Md.; LENGTH OF STAY (in this place) 5 yr 10mo 25da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 614 N. Monroe Street, Baltimore, Md.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) (Last) Watson

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5/29/1872

9. AGE last birthday: 77 yrs. 76; If under 1 year: Months 12, Days 8, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): strawhat operator

10b. KIND OF BUSINESS OR INDUSTRY: factory

11. BIRTHPLACE (State or foreign country): Kent County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Watson

14. MOTHER'S MAIDEN NAME: Martha Rebecca Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records, Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion, recurrent — Interval between onset and death: 48 hours

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis — indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12, 1945 to 6/6/, 1949, that I last saw the deceased alive on 6/6/, 1949, and that death occurred at 12:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M. D. M. D. Catonsville 28, Maryland 6/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 6/9/49 — NAME OF CEMETERY OR CREMATORY Woodlawn — LOCATION (City, town, or county) (State) Woodlawn Md.

DATE REC'D BY LOCAL REG. June 7-49 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc. — ADDRESS 1217 St. Paul St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05538

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETS. ADM. HOSP., FT. HOWARD, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 5337 Maple Avenue

3. NAME OF DECEASED (Type or Print): (First) SHERMAN (Middle) J. (Last) WEBB

4. DATE OF DEATH: (Month) June (Day) 24, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-1-93

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Golf Pro.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Webb

14. MOTHER'S MAIDEN NAME: Flora Childs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec.Vets.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 **Immediate cause** (a) Cirrhosis of Liver — Interval between onset and death: Unknown

124 h **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21-, 1949, to 6-24-, 1949, that I last saw the deceased alive on 6-24-, 1949, and that death occurred at 4:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. MANAUGH, M.D. Chief Pro. Ser. VAH, Ft. Howard, Md. 6-24-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-27-49

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: June 25th 1949

REGISTRAR'S SIGNATURE: R. W.

24. FUNERAL DIRECTOR ADDRESS: Howard Blight, 6009 Harford Rd., Balto., Md.

Howard H. Blight Jr.

MARYLAND STATE DEPARTMENT OF HEALTH

05539

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) Life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 S. Belle Grove Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
   STREET ADDRESS (If rural give location) 15. S. Belle Grove Rd.

3. NAME OF DECEASED (Type or Print): (First) Christina (Middle) Wicks (Last)

4. DATE OF DEATH: (Month) June (Day) 16, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/2//1862

9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Roemer

14. MOTHER'S MAIDEN NAME: Margaret Frey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Katherine Wicks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 Immediate cause (a) Carcinoma of Stomach — Interval between onset and death: ?

46 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: /

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? /

22. I hereby certify that I attended the deceased from Jan, 19.29, to June 16, 1949, that I last saw the deceased alive on June 15, 1949, and that death occurred at 1.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm Moser Jr. - 20 S. Bentz St - Baltimore 2. Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/18/49 — NAME OF CEMETERY OR CREMATORY: Western — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 6/17/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR / ADDRESS: J. T. Stansbury 2700 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05540

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 826 E. Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 826 E. Joppa Road

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) RICHARD (Last) WICKS

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Male	White	Widowed	July 29, 1863	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Postal Service
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James L. Wicks
14. MOTHER'S MAIDEN NAME: Agnes Fonder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Rickard W. Wicks

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	Pyelo-nephritis, chronic	1 year
600.0 Antecedent cause(s) 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cerebral hemorrhage, with partial Left hemiplegia	17 mo.
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis, hypertension & senile changes	Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to June 9, 1949, that I last saw the deceased alive on June 9, 1949, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE Collin C. Hudson (Degree or title) M.D. ADDRESS Towson 4 Md DATE SIGNED 6/11/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 11, 1949	Prospect Hill Cemetery	Towson, Balto. Co., Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 11-49	W. Carroll Van Horn Deputy Local	JOHN BURNS' SONS, Towson, Maryland

VS. A15

RECEIVED
JUL 2 1949
BUREAU V. S.

CERTIFICATE OF DEATH

Registered No. 30 - 05541

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Martha Will

2. DATE OF DEATH: June 17-1949

3. PLACE OF DEATH: A. ~~Baltimore City, Maryland~~ Catonsville, Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Opitz Nursing Home

C. Length of stay in ~~Baltimore~~: 16 months ~~Yrs. Mos. Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 220 S. Furrow St.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Aug. 10, 1869
9. AGE (In years last birthday): 79 — If Under 1 Year: Months 9, Days 7 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Margaret Meluh — ADDRESS: 204 S. Furrow St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardio-vascular — Obiit 5 years
DUE TO Chr renal disease

442
131a
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral and general — 5
DUE TO arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 3/15, 1948, *to* 6/17, 1949 *that I last saw the deceased alive on* 6/16, 1949, *and that death occurred at* 6:50 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Harry Deitel M.D.
23B. ADDRESS: 1871 Hanover St.
23C. DATE SIGNED: 6/17/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 6-21-49
24C. NAME OF CEMETERY OR CREMATORY: Cedar Hill
24D. LOCATION (City, town, or county) (State): Anne Arundel County, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 6/20/49
REGISTRAR'S SIGNATURE: A. W. Hedrick
25. FUNERAL DIRECTOR: George L. Schwab — ADDRESS: 2101 Frederick Av. Baltimore City

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05542

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (In this place) 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Fort Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 5518 Mattfield Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
OLIVER	L.	WILLIAMS	June	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	4-18-87	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter		Freeland, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry B. Williams	Anna Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
Yes	WW-I	218-01-8404	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) MYOCARDIAL INFARCTION	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arteriosclerotic Heart Disease	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9, 1949, to 6-24-, 1949, that I last saw the deceased alive on 6-24, 1949, and that death occurred at 8:40 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M-D	VAH, Ft. Howard, Maryland	6-25-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 27, 1949	Mt.Zion Cemetery	Freeland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 27, 1949	[signature]	Burgee Funeral Home	3631 Falls Rd. Balto. Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05543

Reg. Dist. No. 4 4

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (In this place) 2 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hospital,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4600 Liberty Hgts. Ave.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELBERT		WISE	June	17,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored	Married	6-17-99 5-10-98	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Handy Man		Cape Charles, Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Fannie (M.N. Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes 10 61	Unknown	Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) MASSIVE HEMORRHAGE IN PONS — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs.

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-17-, 19 49, to 6-17-, 19 49, that I last saw the deceased alive on 6-17-49, 19, and that death occurred at 9:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Hugh McCulloch Jr. HUGH McCULLOCH, JR. M.D.	VAH, FORT HOWARD, MD.	6-18-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	6/21/49	BALTIMORE NATIONAL	BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/20/49		Charles R. Law	802 Madison Ave., Balto. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05544

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Baltimore County
County: Catonsville, Maryland
City or town: (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1
Hospital, Institution, or street address where death occurred: 1404 Summit Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)
Street No. 1404 Summit Ave (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: HARRY EDWARD WOLF

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B.(b) Name of husband or wife: Mary Ward
B.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 28, 1884

8. AGE:

Years	Months	Days	If less than one day
65	3	21	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Foreman
11. Industry or business: Globe Brewing Co.

FATHER
12. Name: John Wolf
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Margaret ?
15. Birthplace: Baltimore, Maryland

16. Informant: Mrs. Harry E. Wolf
Address: 1404 Summit Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/22/49 (month) (day) (year)
Cemetery or crematory: Lorraine Cemetery
Location: Baltimore, Md.

18. Funeral director: H. H. Mears and Son
Address: 805 N. Calvert St.

19. 6/21/49 (Date rec'd by registrar) H. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 17 1949, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5 1946, to June 17 1949 and that I last saw him alive on June 16 1949

Immediate cause of death	DURATION
Acute Coronary Thrombosis	10 Min.
Due to Rheumatic Heart Disease	30 Yrs.
Due to 416	
Other conditions 95.5 (Include pregnancy within 3 months of death)	

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Wilmer K. Gallagher M.D. M.D. or other
Address: Catonville 28, Md. Date signed 6/20/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05545

Reg. Dist. No. 40

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingsville
LENGTH OF STAY (in this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: at home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingsville
STREET ADDRESS (If rural, give location): Cedar Lane

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Trowbridge Blanchard Woodruff

4. DATE OF DEATH (Month) (Day) (Year): June -14- 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar-25-1878
9. AGE last birthday: 71 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Homer N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jerome J. Woodruff
14. MOTHER'S MAIDEN NAME: Myra B. Wheat.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE. (If yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 215-01-9186
17. INFORMANT: Dr. J. D. Woodruff (son) Towson Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1937, to ....., 1949, that I last saw the deceased alive on June 9, 1949, and that death occurred at 5 9 m., from the causes and on the date stated above.

SIGNATURE: Donald Woodruff (Degree or title) M.D. ADDRESS: 6 E. Eager St. Balto 2 Md DATE SIGNED: 6/15/49.

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: 6-17-49
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 6/16/49
REGISTRAR'S SIGNATURE: A. W. Hedrich JS
24. FUNERAL DIRECTOR: Stewart Morris Co. ADDRESS: Balto Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05546

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville | LENGTH OF STAY (in this place) 1 yr 2 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Church Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville.
STREET ADDRESS (If rural, give location) 10 Church Lane

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Adelee (Last) Wright
4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 2/14/1880
9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Co. Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Dallas Shipley
14. MOTHER'S MAIDEN NAME: Mary Cecelia Gossard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Dora Whiteley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) arteriosclerotic Heart Disease	2 yrs.
Antecedent cause(s)		
420.0		
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to 2 June, 1949, that I last saw the deceased alive on 2 June, 1949, and that death occurred at 3.45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul H Boyle	M D	Pikesville 8 Md	2 June 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/4/49	Druid Ridge	Pikesville. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-3-49	D+ E E Nichols	Frank H. Merrill	Pikesville Md

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JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05547

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard | LENGTH OF STAY (In this place) 98 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm. Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 835 Rutland Avenue

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) (Last) WRIGHT
4. DATE OF DEATH: (Month) June (Day) 7, (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-25-1893
9. AGE last birthday: 55 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steelworker
10b. KIND OF BUSINESS OR INDUSTRY: Steel Bus.
11. BIRTHPLACE (State or foreign country): Alvin, South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Snow Wright
14. MOTHER'S MAIDEN NAME: Elsie Small

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 213-09-2649
17. INFORMANT: Clin.Rec.Vets. Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

525 Immediate cause (a) Massive Fibrosis of lungs, Duration: Unknown, Cause: Unknown

114 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-, 1949, to 6-7-, 1949, that I last saw the deceased alive on 6-7-, 1949, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE H.C. Manaugh — (Degree or title) H.C. MANAUGH, M.D. — ADDRESS Chief Pro. Services VAH, Ft.Howard, Md. — DATE SIGNED 6-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 6-11-49 | NAME OF CEMETERY OR CREMATORY Mt. Calvary | LOCATION (City, town, or county) Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. 6/9/49 | REGISTRAR'S SIGNATURE R.W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS Byron & Mamie Wright, 721 Aisquith St/ Balto., Md.

DM

05548

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Sister Mary Innocence Wurzel

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Dec. 15, 1875

8. AGE: Years	Months	Days	If less than one day
73	5	27	... hrs. ... min.

9. Birthplace: Pittsburg, Pa
(Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER
12. Name: Peter Wurzel
13. Birthplace: New York City

MOTHER
14. Maiden name: Appolonia Fallert
15. Birthplace: Philadelphia, Pa

16. Informant: Sr. Mary Clara

Address: Notch Cliff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 14/49 (month) (day) (year)

Cemetery or crematory: Notch Cliff

Location

18. Funeral director: Geo M. Frick Son

Address: 811 N Wolfe St

19. 6/13/49 (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12 1949, at 7.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 1949, to June 12 1949 and that I last saw her alive on June 8 1949

Immediate cause of death: carcinoma (lungs) — DURATION: 2 mo.

163

Due to

47d

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address — Date signed

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED
JUN 22 1949
BUREAU T. S.

05549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 40 Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) AUGUST (Middle) WILLIAM (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) June (Day) 15, (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 15, 1880

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hardward Broker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Zimmerman

14. MOTHER'S MAIDEN NAME: Barbara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mr. William C. H. Zimmerman — Caronsville 28, 7 Park Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 da.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cardio-Vasc-Hypatic Disease — 10 yr.

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1940, to 6-15, 1949, that I last saw the deceased alive on 6-14, 1949, and that death occurred at 11.05 p.m., from the causes and on the date stated above.

SIGNATURE: William K. Gallagher (Degree or title) M.D. ADDRESS: Catonsville 28, Md. DATE SIGNED: 6-17-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/18/49 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/18/49 — REGISTRAR'S SIGNATURE: V E. Harry

24. FUNERAL DIRECTOR: WILLIAM J. TICKNER & SONS — ADDRESS: Balto., Md.

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05550

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Fort Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT; STREET ADDRESS (If rural, give location) 314 E" STREET

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) G (Last) ZULAUF

4. DATE OF DEATH: (Month) JUNE (Day) 15 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 21, 1894

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIRE CHIEF

10b. KIND OF BUSINESS OR INDUSTRY: SP. PT. F.D.

11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOSEPH ZULAUF

14. MOTHER'S MAIDEN NAME: ANNIE P. NEIBEREIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: MRS. FREDERICKA T. ZULAUF

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	2 years
	(c)	

420.1

934

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At ~~work~~ ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1948, to June 15, 1949, that I last saw the deceased alive on June 14, 1949, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson L. Harber M.D. 914 Dundalk Ave. Sparrows Point-19-Md 6/16/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: 6/18/49 | NAME OF CEMETERY OR CREMATORY: OAK LAWN CEM. | LOCATION (City, town, or county) (State): EASTERN BLVD BALTO. CO.

DATE REC'D BY LOCAL REG.: June 17-49 | REGISTRAR'S SIGNATURE: Dawson L. Harber | 24. FUNERAL DIRECTOR: Roland L. Fisher | ADDRESS: DUNDALK, MD

RECEIVED
JUN 20 1969
BUREAU V. S.